



General Assembly

January Session, 2013

Amendment

LCO No. 8052

HB0664408052HD0

Offered by:

REP. JOHNSON, 49th Dist.

SEN. GERRATANA, 6th Dist.

REP. SRINIVASAN, 31st Dist.

SEN. WELCH, 31st Dist.

To: Subst. House Bill No. **6644**

File No. 580

Cal. No. 367

"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."

1 In line 20, strike "Two" and insert the following in lieu thereof: "Not
2 more than two"

3 Strike lines 206 to 866, inclusive, in their entirety and renumber the
4 remaining sections and internal references accordingly

5 In line 920, strike "2013" and insert "2015" in lieu thereof

6 In line 923, bracket "2010" and after the closing bracket insert the
7 following: "2013"

8 In line 958, in the effective date after "2013" insert the following: ",
9 *and applicable to registration periods beginning on or after October 1, 2014*"

10 Strike lines 1355 to 1357, inclusive, in their entirety and insert the

11 following in lieu thereof: "Demographic data; (2) diagnostic, treatment
12 and pathology reports; (3) operative reports, hematology, medical
13 oncology and radiation therapy consults, or abstracts of such reports
14 or consults in a format prescribed by the department; and (4) other
15 medical information [shall also be]"

16 After the last section, add the following and renumber sections and
17 internal references accordingly:

18 "Sec. 501. Section 19a-521 of the general statutes is repealed and the
19 following is substituted in lieu thereof (*Effective July 1, 2013*):

20 As used in this section and sections 19a-522 to 19a-534a, inclusive, as
21 amended by this act, 19a-536 to 19a-539, inclusive, as amended by this
22 act, 19a-550 to 19a-554, inclusive, as amended by this act, and 19a-562a,
23 unless the context otherwise requires:

24 (1) "Nursing home facility" means any nursing home [or residential
25 care home as defined in section 19a-490] or any rest home with nursing
26 supervision [which provides, in addition to personal care required in a
27 residential care home,] that provides nursing supervision under a
28 medical director twenty-four hours per day, or any chronic and
29 convalescent nursing home [which] that provides skilled nursing care
30 under medical supervision and direction to carry out nonsurgical
31 treatment and dietary procedures for chronic diseases, convalescent
32 stages, acute diseases or injuries; ["department"]

33 (2) "Department" means the Department of Public Health; [and
34 "commissioner"]

35 (3) "Commissioner" means the Commissioner of Public Health or
36 the commissioner's designated representative; [.] and

37 (4) "Residential care home" means an establishment that furnishes,
38 in single or multiple facilities, food and shelter to two or more persons
39 unrelated to the proprietor and, in addition, provides services that
40 meet a need beyond the basic provisions of food, shelter and laundry.

41 Sec. 502. Subsection (c) of section 19a-490 of the general statutes is
42 repealed and the following is substituted in lieu thereof (*Effective July*
43 *1, 2013*):

44 (c) "Residential care home", "nursing home" or "rest home" means an
45 establishment [which] that furnishes, in single or multiple facilities,
46 food and shelter to two or more persons unrelated to the proprietor
47 and, in addition, provides services [which] that meet a need beyond
48 the basic provisions of food, shelter and laundry;

49 Sec. 503. Subsection (a) of section 17b-451 of the general statutes is
50 repealed and the following is substituted in lieu thereof (*Effective July*
51 *1, 2013*):

52 (a) Any physician or surgeon licensed under the provisions of
53 chapter 370, any resident physician or intern in any hospital in this
54 state, whether or not so licensed, any registered nurse, any nursing
55 home administrator, nurse's aide or orderly in a nursing home facility
56 or residential care home, any person paid for caring for a patient in a
57 nursing home facility or residential care home, any staff person
58 employed by a nursing home facility or residential care home, any
59 patients' advocate and any licensed practical nurse, medical examiner,
60 dentist, optometrist, chiropractor, podiatrist, social worker, clergyman,
61 police officer, pharmacist, psychologist or physical therapist, who has
62 reasonable cause to suspect or believe that any elderly person has been
63 abused, neglected, exploited or abandoned, or is in a condition [which]
64 that is the result of such abuse, neglect, exploitation or abandonment,
65 or is in need of protective services, shall, not later than seventy-two
66 hours after such suspicion or belief arose, report such information or
67 cause a report to be made in any reasonable manner to the
68 Commissioner of Social Services or to the person or persons
69 designated by the commissioner to receive such reports. Any person
70 required to report under the provisions of this section who fails to
71 make such report within the prescribed time period shall be fined not
72 more than five hundred dollars, except that, if such person
73 intentionally fails to make such report within the prescribed time

74 period, such person shall be guilty of a class C misdemeanor for the
75 first offense and a class A misdemeanor for any subsequent offense.

76 Sec. 504. Section 19a-491b of the general statutes is repealed and the
77 following is substituted in lieu thereof (*Effective July 1, 2013*):

78 (a) Any person who is licensed to establish, conduct, operate or
79 maintain a nursing home or residential care home shall notify the
80 Commissioner of Public Health immediately if the owner, conductor,
81 operator or maintainer of [the] such home, any person described in
82 subdivision (3) of subsection (a) of section 19a-491a, or any nurse or
83 nurse's aide has been convicted of (1) a felony, as defined in section
84 53a-25, (2) cruelty to persons under section 53-20, or (3) assault of a
85 victim sixty or older under section 53a-61a; or has been subject to any
86 decision imposing disciplinary action by the licensing agency in any
87 state, the District of Columbia, a United States possession or territory
88 or a foreign jurisdiction. Failure to comply with the notification
89 requirement shall subject the licensed person to a civil penalty of not
90 more than one hundred dollars.

91 (b) Each nursing home and residential care home shall require a
92 person described in subdivision (3) of subsection (a) of section 19a-
93 491a or a nurse or nurse's aide to complete and sign an application
94 form which contains questions as to whether the person has been
95 convicted of any crime specified in subsection (a) of this section or has
96 been subject to any decision imposing disciplinary action as described
97 in said subsection. Any person seeking employment in a position
98 connected with the provision of care in a nursing home or residential
99 care home who makes a false written statement regarding such prior
100 criminal convictions or disciplinary action shall be guilty of a Class A
101 misdemeanor.

102 (c) The Commissioner of Public Health shall require each initial
103 applicant described in subdivision (1) of subsection (a) of section 19a-
104 491a to submit to state and national criminal history records checks.
105 The criminal history records checks required by this subsection shall

106 be conducted in accordance with section 29-17a.

107 Sec. 505. Subsection (a) of section 19a-491c of the general statutes is
108 repealed and the following is substituted in lieu thereof (*Effective July*
109 *1, 2013*):

110 (a) As used in this section:

111 (1) "Criminal history and patient abuse background search" or
112 "background search" means (A) a review of the registry of nurse's
113 aides maintained by the Department of Public Health pursuant to
114 section 20-102bb, (B) checks of state and national criminal history
115 records conducted in accordance with section 29-17a, and (C) a review
116 of any other registry specified by the Department of Public Health
117 which the department deems necessary for the administration of a
118 background search program.

119 (2) "Direct access" means physical access to a patient or resident of a
120 long-term care facility that affords an individual with the opportunity
121 to commit abuse or neglect against or misappropriate the property of a
122 patient or resident.

123 (3) "Disqualifying offense" means a conviction of any crime
124 described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated
125 finding of neglect, abuse or misappropriation of property by a state or
126 federal agency pursuant to an investigation conducted in accordance
127 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

128 (4) "Long-term care facility" means any facility, agency or provider
129 that is a nursing home, as defined in section 19a-521, as amended by
130 this act, a residential care home, as defined in section 19a-521, as
131 amended by this act, a home health agency, as defined in section 19a-
132 490, as amended by this act, an assisted living services agency, as
133 defined in section 19a-490, as amended by this act, an intermediate
134 care facility for the mentally retarded, as defined in 42 USC 1396d(d), a
135 chronic disease hospital, as defined in section 19a-550, as amended by
136 this act, or an agency providing hospice care which is licensed to

137 provide such care by the Department of Public Health or certified to
138 provide such care pursuant to 42 USC 1395x.

139 Sec. 506. Section 19a-497 of the general statutes is repealed and the
140 following is substituted in lieu thereof (*Effective July 1, 2013*):

141 (a) Each institution shall, upon receipt of a notice of intention to
142 strike by a labor organization representing the employees of such
143 institution, in accordance with the provisions of the National Labor
144 Relations Act, 29 USC 158, file a strike contingency plan with the
145 commissioner not later than five days before the date indicated for the
146 strike.

147 (b) The commissioner may issue a summary order to any nursing
148 home facility, as defined in section 19a-521, as amended by this act, or
149 any residential care home, as defined in section 19a-521, that fails to
150 file a strike contingency plan that complies with the provisions of this
151 section and the regulations adopted by the commissioner pursuant to
152 this section within the specified time period. Such order shall require
153 the nursing home facility or residential care home to immediately file a
154 strike contingency plan that complies with the provisions of this
155 section and the regulations adopted by the commissioner pursuant to
156 this section.

157 (c) Any nursing home facility or residential care home that is in
158 noncompliance with this section shall be subject to a civil penalty of
159 not more than ten thousand dollars for each day of noncompliance.

160 (d) (1) If the commissioner determines that a nursing home facility
161 or residential care home is in noncompliance with this section or the
162 regulations adopted pursuant to this section, for which a civil penalty
163 is authorized by subsection (c) of this section, the commissioner may
164 send to an authorized officer or agent of the nursing home facility or
165 residential care home, by certified mail, return receipt requested, or
166 personally serve upon such officer or agent, a notice that includes: (1)
167 A reference to this section or the section or sections of the regulations

168 involved; (2) a short and plain statement of the matters asserted or
169 charged; (3) a statement of the maximum civil penalty that may be
170 imposed for such noncompliance; and (4) a statement of the party's
171 right to request a hearing to contest the imposition of the civil penalty.

172 (2) A nursing home facility or residential care home may make
173 written application for a hearing to contest the imposition of a civil
174 penalty pursuant to this section not later than twenty days after the
175 date such notice is mailed or served. All hearings under this section
176 shall be conducted in accordance with the provisions of chapter 54. If a
177 nursing home facility or residential care home fails to request a hearing
178 or fails to appear at the hearing or if, after the hearing, the
179 commissioner finds that the nursing home facility or residential care
180 home is in noncompliance, the commissioner may, in the
181 commissioner's discretion, order that a civil penalty be imposed that is
182 not greater than the penalty stated in the notice. The commissioner
183 shall send a copy of any order issued pursuant to this subsection by
184 certified mail, return receipt requested, to the nursing home facility or
185 residential care home named in such order.

186 (e) The commissioner shall adopt regulations, in accordance with
187 the provisions of chapter 54: (1) Establishing requirements for a strike
188 contingency plan, which shall include, but not be limited to, a
189 requirement that the plan contain documentation that the institution
190 has arranged for adequate staffing and security, food, pharmaceuticals
191 and other essential supplies and services necessary to meet the needs
192 of the patient population served by the institution in the event of a
193 strike; and (2) for purposes of the imposition of a civil penalty upon a
194 nursing home facility or residential care home pursuant to subsections
195 (c) and (d) of this section.

196 (f) Such plan shall be deemed a statement of strategy or negotiation
197 with respect to collective bargaining for the purpose of subdivision (9)
198 of subsection (b) of section 1-210.

199 Sec. 507. Subsection (d) of section 19a-498 of the general statutes is

200 repealed and the following is substituted in lieu thereof (*Effective July*
201 *1, 2013*):

202 (d) In addition, when the Commissioner of Social Services deems it
203 necessary, said commissioner, or a designated representative of said
204 commissioner, may examine and audit the financial records of any
205 nursing home facility, as defined in section 19a-521, as amended by
206 this act, any residential care home, as defined in section 19a-521, as
207 amended by this act, or any nursing facility management services
208 certificate holder, as defined in section 19a-561. Each nursing home
209 facility, residential care home and nursing facility management
210 services certificate holder shall retain all financial information, data
211 and records relating to the operation of the nursing home facility or
212 residential care home for a period of not less than ten years, and all
213 financial information, data and records relating to any real estate
214 transactions affecting such operation, for a period of not less than
215 twenty-five years, which financial information, data and records shall
216 be made available, upon request, to the Commissioner of Social
217 Services or such designated representative at all reasonable times. In
218 connection with any inquiry, examination or investigation, the
219 commissioner or the commissioner's designated representative may
220 issue subpoenas, order the production of books, records and
221 documents, administer oaths and take testimony under oath. The
222 Attorney General, upon request of said commissioner or the
223 commissioner's designated representative, may apply to the Superior
224 Court to enforce any such subpoena or order.

225 Sec. 508. Subsection (b) of section 19a-502 of the general statutes is
226 repealed and the following is substituted in lieu thereof (*Effective July*
227 *1, 2013*):

228 (b) If any person conducting, managing or operating any nursing
229 home facility, as defined in section 19a-521, as amended by this act, or
230 residential care home, as defined in section 19a-521, as amended by
231 this act, fails to maintain or make available the financial information,
232 data or records required under subsection (d) of section 19a-498, as

233 amended by this act, such person's license as a nursing home facility or
234 residential care home administrator may be revoked or suspended in
235 accordance with section 19a-517 or the license of such nursing home
236 facility or residential care home may be revoked or suspended in the
237 manner provided in section 19a-494, or both.

238 Sec. 509. Section 19a-521c of the general statutes is repealed and the
239 following is substituted in lieu thereof (*Effective July 1, 2013*):

240 No nursing home facility, as defined in section 19a-521, as amended
241 by this act, or residential care home, as defined in section 19a-521, as
242 amended by this act, shall restrict any patient from obtaining
243 prescription drugs through a prescription drug program or health plan
244 offered by the United States Department of Veterans Affairs. If a
245 nursing home facility or residential care home patient obtains
246 prescription drugs through a prescription drug program or health plan
247 offered by the United States Department of Veterans Affairs, the
248 nursing home facility or residential care home may require such
249 prescription drugs to be dispensed and administered according to [the]
250 such facility's or home's policies, provided such policies conform to
251 applicable state and federal laws. At the request of a patient, [a nursing
252 home] such facility or home shall dispense and administer prescription
253 drugs obtained through a prescription drug program or health plan
254 operated by the United States Department of Veterans Affairs
255 regardless of the form of the drugs' packaging. Nothing in this section
256 shall prevent [a nursing home facility] such facility or home from
257 dispensing and administering to a patient prescription drugs that are
258 obtained from sources other than a prescription drug program or
259 health plan operated by the United States Department of Veterans
260 Affairs when the patient requires such drugs before the drugs can be
261 obtained from such drug program or health plan.

262 Sec. 510. Section 19a-522 of the general statutes is repealed and the
263 following is substituted in lieu thereof (*Effective July 1, 2013*):

264 (a) The commissioner shall adopt regulations, in accordance with

chapter 54, concerning the health, safety and welfare of patients in nursing home facilities, classification of violations relating to such facilities, medical staff qualifications, record-keeping, nursing service, dietary service, personnel qualifications and general operational conditions. The regulations shall: (1) Assure that each patient admitted to a nursing home facility is protected by adequate immunization against influenza and pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services; (2) specify that each patient be protected annually against influenza and be vaccinated against pneumonia in accordance with the recommendations of the National Advisory Committee on Immunization; and (3) provide appropriate exemptions for patients for whom such immunizations are medically contraindicated and for patients who object to such immunization on religious grounds.

(b) Nursing home facilities or residential care homes may not charge the family or estate of a deceased self-pay patient beyond the date on which such patient dies. Nursing home facilities or residential care homes shall reimburse the estate of a deceased self-pay patient, within sixty days after the death of such patient, for any advance payments made by or on behalf of the patient covering any period beyond the date of death. Interest, in accordance with subsection (a) of section 37-1, on such reimbursement shall begin to accrue from the date of such patient's death.

Sec. 511. Section 19a-523 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) If, from the results of an inspection and investigation in accordance with section 19a-498, or upon receipt of a report or complaint from the Commissioner of Social Services, pursuant to section 17b-408, and upon such review and further investigation, as the Commissioner of Public Health deems necessary, the Commissioner of Public Health determines that such nursing home facility or residential care home has violated any provision of the Public Health Code

298 relating to the operation or maintenance of a nursing home facility or
299 residential care home, the Commissioner of Public Health may,
300 notwithstanding the provisions of chapter 54, request the Attorney
301 General to seek a temporary or permanent injunction and such other
302 relief as may be appropriate to enjoin such nursing home facility or
303 residential care home from continuing such violation or violations. If
304 the court determines such violation or violations exist, it may grant
305 such injunctive relief and such other relief as justice may require and
306 may set a time period within which such nursing home facility or
307 residential care home shall comply with any such order.

308 (b) Any appeal taken from any permanent injunction granted under
309 subsection (a) of this section shall not stay the operation of such
310 injunction unless the court is of the opinion that great and irreparable
311 injury will be done by not staying the operation of such injunction.

312 Sec. 512. Section 19a-524 of the general statutes is repealed and the
313 following is substituted in lieu thereof (*Effective July 1, 2013*):

314 If, upon review, investigation or inspection pursuant to section 19a-
315 498, as amended by this act, the Commissioner of Public Health
316 determines that a nursing home facility or residential care home has
317 violated any provision of section 17b-406, 19a-521 to 19a-529, inclusive,
318 as amended by this act, 19a-531 to 19a-551, inclusive, as amended by
319 this act, or 19a-553 to 19a-555, inclusive, as amended by this act,
320 section 19a-491a, 19a-491b, 19a-493a or 19a-528a or any regulation in
321 the Public Health Code or regulation relating to licensure or the Fire
322 Safety Code relating to the operation or maintenance of a nursing
323 home facility or residential care home, which violation has been
324 classified in accordance with section 19a-527, he or she shall
325 immediately issue or cause to be issued a citation to the licensee of
326 such nursing home facility or residential care home. Governmental
327 immunity shall not be a defense to any citation issued or civil penalty
328 imposed pursuant to sections 19a-524 to 19a-528, inclusive, as
329 amended by this act. Each such citation shall be in writing, shall
330 provide notice of the nature and scope of the alleged violation or

331 violations and shall be sent by certified mail to the licensee at the
332 address of the nursing home facility or residential care home in issue.
333 A copy of such citation shall also be sent to the licensed administrator
334 at the address of the [facility] nursing home facility or residential care
335 home.

336 Sec. 513. Section 19a-525 of the general statutes is repealed and the
337 following is substituted in lieu thereof (*Effective July 1, 2013*):

338 (a) The administrator of the nursing home facility or residential care
339 home, or his or her designee, shall, within three days, excluding
340 Saturdays, Sundays and holidays, of receipt of the citation by the
341 licensee, notify the commissioner if the licensee contests the citation. If
342 the administrator fails to so notify the commissioner within such three-
343 day period, the citation shall be deemed a final order of the
344 commissioner, effective upon the expiration of said period.

345 (b) If any administrator of a nursing home facility or residential care
346 home, or his or her designee, notifies the commissioner that the
347 licensee contests the citation, the commissioner shall provide within
348 five days of such notice, excluding Saturdays, Sundays and holidays,
349 an informal conference between the licensee and the commissioner. If
350 the licensee and commissioner fail to reach an agreement at such
351 conference, the commissioner shall set the matter down for a hearing
352 as a contested case in accordance with chapter 54, not more than five
353 nor less than three days after such conference, with notice of the date
354 of such hearing to the administrator not less than two days before such
355 hearing, provided the minimum time requirements may be waived by
356 agreement. The commissioner shall, [within] not later than three days,
357 excluding Saturdays, Sundays and holidays, after the conference if
358 agreement is reached at such conference, or after the hearing, issue a
359 final order, based on findings of fact, affirming, modifying or vacating
360 the citation.

361 Sec. 514. Section 19a-526 of the general statutes is repealed and the
362 following is substituted in lieu thereof (*Effective July 1, 2013*):

363 (a) When, in the case of a class A or B violation, a final order
364 becomes effective, the citation, the order, if any, affirming or
365 modifying the citation and the finding shall be filed by the
366 Commissioner of Public Health in the office of the clerk of the superior
367 court for the judicial district of Hartford. Said clerk shall cause said
368 citation, order, if any, and finding to be filed in said court. Upon such
369 filing, the civil penalty imposed may be enforced in the same manner
370 as a judgment of the Superior Court, provided if an appeal is taken in
371 accordance with section 19a-529, as amended by this act, the court or a
372 judge thereof may, in its or his discretion, stay execution of such order.

373 (b) Civil penalties imposed pursuant to this section shall be paid not
374 later than fifteen days after the final date by which an appeal may be
375 taken as provided in section 19a-529, as amended by this act, or, if an
376 appeal is taken, not later than fifteen days after the final judgment on
377 such appeal. In the event such fines are not paid, the Commissioner of
378 Public Health shall notify the Commissioner of Social Services who is
379 authorized to immediately withhold from the nursing home's or
380 residential care home's next medical assistance payment, an amount
381 equal to the amount of the civil penalty.

382 Sec. 515. Section 19a-527 of the general statutes is repealed and the
383 following is substituted in lieu thereof (*Effective July 1, 2013*):

384 Citations issued pursuant to section 19a-524, as amended by this act,
385 shall be classified according to the nature of the violation and shall
386 state such classification and the amount of the civil penalty to be
387 imposed on the face thereof. The Commissioner of Public Health shall,
388 by regulation in accordance with chapter 54, classify violations as
389 follows:

390 (a) Class A violations are conditions [which] that the Commissioner
391 of Public Health determines present an immediate danger of death or
392 serious harm to any patient in the nursing home facility or residential
393 care home. For each class A violation, a civil penalty of not more than
394 five thousand dollars may be imposed;

395 (b) Class B violations are conditions [which] that the Commissioner
396 of Public Health determines present a probability of death or serious
397 harm in the reasonably foreseeable future to any patient in the nursing
398 home facility or residential care home, but [which] that he or she does
399 not find constitute a class A violation. For each such violation, a civil
400 penalty of not more than three thousand dollars may be imposed.

401 Sec. 516. Section 19a-528 of the general statutes is repealed and the
402 following is substituted in lieu thereof (*Effective July 1, 2013*):

403 In imposing the civil penalties [which] that shall become due under
404 sections 19a-524 to 19a-528, inclusive, as amended by this act, the
405 commissioner may consider all factors [which he] that the
406 commissioner deems relevant, including, but not limited to, the
407 following:

408 (1) The amount of assessment necessary to insure immediate and
409 continued compliance;

410 (2) The character and degree of impact of the violation on the health,
411 safety and welfare of any patient in the nursing home facility or
412 residential care home;

413 (3) The conduct of the person against whom the citation is issued in
414 taking all feasible steps or procedures necessary or appropriate to
415 comply or to correct the violation;

416 (4) Any prior violations by the nursing home facility or residential
417 care home of statutes, regulations or orders administered, adopted or
418 issued by the Commissioner of Public Health.

419 Sec. 517. Section 19a-529 of the general statutes is repealed and the
420 following is substituted in lieu thereof (*Effective July 1, 2013*):

421 Any person aggrieved by a final order pursuant to sections 19a-524
422 to 19a-528, inclusive, as amended by this act, may appeal such order to
423 the superior court for the judicial district in which the nursing home

424 facility or residential care home is situated in accordance with section
425 4-183. Such appeal shall have precedence in the order of trial to the
426 same extent as provided in section 52-191. This section shall provide
427 the exclusive procedure for appealing any such order.

428 Sec. 518. Section 19a-531 of the general statutes is repealed and the
429 following is substituted in lieu thereof (*Effective July 1, 2013*):

430 Any employee of the Department of Public Health or the
431 Department of Social Services or any regional ombudsman who gives
432 or causes to be given any advance notice to any nursing home facility
433 or residential care home, directly or indirectly, that an investigation or
434 inspection is under consideration or is impending or gives any
435 information regarding any complaint submitted pursuant to section
436 17b-408 [.] or 19a-523, as amended by this act, prior to an on-the-scene
437 investigation or inspection of such facility, unless specifically
438 mandated by federal or state regulations to give advance notice, shall
439 be guilty of a class B misdemeanor and may be subject to dismissal,
440 suspension or demotion in accordance with chapter 67.

441 Sec. 519. Section 19a-532 of the general statutes is repealed and the
442 following is substituted in lieu thereof (*Effective July 1, 2013*):

443 No nursing home facility or residential care home shall discharge or
444 in any manner discriminate or retaliate against any patient in any
445 nursing home facility or residential care home, or any relative,
446 guardian, conservator or sponsoring agency thereof or against any
447 employee of any nursing home facility or residential care home or
448 against any other person because such patient, relative, guardian,
449 conservator, sponsoring agency, employee or other person has filed
450 any complaint or instituted or caused to be instituted any proceeding
451 under sections 17b-406, 17b-408, 19a-531 to 19a-534, inclusive, as
452 amended by this act, 19a-536 to 19a-539, inclusive, as amended by this
453 act, 19a-550, as amended by this act, 19a-553, as amended by this act,
454 and 19a-554, or has testified or is about to testify in any such
455 proceeding or because of the exercise by such patient, relative,

456 guardian, conservator, sponsoring agency, employee or other person
457 on behalf of himself, herself or others of any right afforded by said
458 sections. Notwithstanding any other provision of the general statutes,
459 any nursing home facility [which] or residential care home that
460 violates any provision of this section shall be liable to the injured party
461 for treble damages.

462 Sec. 520. Section 19a-534 of the general statutes is repealed and the
463 following is substituted in lieu thereof (*Effective July 1, 2013*):

464 If the commissioner determines that there is imminent danger to the
465 health, safety or welfare of any patient in any nursing home facility or
466 residential care home, said commissioner may transfer or cause to be
467 transferred such patient to another nursing home facility, residential
468 care home or hospital, provided the commissioner promptly notifies
469 the spouse, relative, guardian or conservator or sponsoring agency of
470 such patient of the transfer and indicates the nursing home facility,
471 residential care home or hospital to which such patient has been
472 transferred.

473 Sec. 521. Section 19a-534a of the general statutes is repealed and the
474 following is substituted in lieu thereof (*Effective July 1, 2013*):

475 If the commissioner finds that the health, safety or welfare of any
476 patient or patients in any nursing home facility or residential care
477 home imperatively requires emergency action and incorporates a
478 finding to that effect in the order, the commissioner may issue a
479 summary order to the holder of a license issued pursuant to section
480 19a-493 pending completion of any proceedings conducted pursuant
481 to section 19a-494. Such proceedings shall be promptly instituted and
482 determined. The orders [which] that the commissioner may issue shall
483 include, but not be limited to: (1) Revoking or suspending the license;
484 (2) prohibiting the nursing home facility or residential care home from
485 admitting new patients or discharging current patients; (3) limiting the
486 license of a nursing home facility or residential care home in any
487 respect, including reducing the licensed patient capacity; and (4)

488 compelling compliance with the applicable statutes or regulations
489 administered or adopted by the department.

490 Sec. 522. Section 19a-538 of the general statutes is repealed and the
491 following is substituted in lieu thereof (*Effective July 1, 2013*):

492 On or before January 1, 1977, and annually thereafter, the
493 Department of Public Health shall publish a report, available to the
494 public, [which] that shall include, but not be limited to, a list of all
495 nursing home facilities and residential care homes in this state;
496 whether such nursing home facilities and residential care homes are
497 proprietary or nonproprietary; the classification of each such nursing
498 home facility and residential care home; the name of the owner or
499 owners, including the name of any partnership, corporation, trust,
500 individual proprietorship or other legal entity [which] that owns or
501 controls, directly or indirectly, such facility or residential care homes;
502 the total number of beds; the number of private and semiprivate
503 rooms; the religious affiliation, and religious services offered, if any, in
504 the nursing home facility or residential care home; the cost per diem
505 for private patients; the languages spoken by the administrator and
506 staff of such nursing home facility or residential care home; the
507 number of full-time employees and their professions; whether or not
508 such nursing home facility or residential care home accepts Medicare
509 and Medicaid patients; recreational and other programs available and
510 the number and nature of any class A or class B citation issued against
511 such nursing home facility or residential care home in the previous
512 year.

513 Sec. 523. Section 19a-541 of the general statutes is repealed and the
514 following is substituted in lieu thereof (*Effective July 1, 2013*):

515 As used in this section and sections 19a-542 to 19a-549, inclusive,
516 unless the context otherwise requires:

517 (1) "Nursing home facility" shall have the same meaning as
518 provided in section 19a-521, as amended by this act;

519 (2) "Emergency" means a situation, physical condition or one or
520 more practices, methods or operations which presents imminent
521 danger of death or serious physical or mental harm to residents of a
522 nursing home facility;

523 (3) "Transfer trauma" means the medical and psychological
524 reactions to physical transfer that increase the risk of death, or grave
525 illness, or both, in elderly persons; [and]

526 (4) "Substantial violation" means a violation of law [which] that
527 presents a reasonable likelihood of serious physical or mental harm to
528 residents of a nursing home facility [.] or residential care home; and

529 (5) "Residential care home" shall have the same meaning as
530 provided in section 19a-521, as amended by this act.

531 Sec. 524. Section 19a-542 of the general statutes is repealed and the
532 following is substituted in lieu thereof (*Effective July 1, 2013*):

533 (a) An application to appoint a receiver for a nursing home facility
534 or residential care home may be filed in the Superior Court by the
535 Commissioner of Social Services, the Commissioner of Public Health or
536 the director of the Office of Protection and Advocacy for Persons with
537 Disabilities. A resident of [a facility] such facility or home, or such
538 resident's legally liable relative, conservator or guardian may file a
539 written complaint with the Commissioner of Public Health specifying
540 conditions at [the] such facility [which] or home that warrant an
541 application to appoint a receiver. If the Commissioner of Public Health
542 fails to resolve such complaint [within] not later than forty-five days
543 [of] after its receipt or, in the case of a nursing home facility [which] or
544 residential care home that intends to close, [within] not later than
545 seven days [of] after its receipt, the person who filed the complaint
546 may file an application in the Superior Court for the appointment of a
547 receiver for such facility or home. Said court shall immediately notify
548 the Attorney General of such application. The court shall hold a
549 hearing not later than ten days after the date the application is filed.

550 Notice of such hearing shall be given to the owner of such facility or
551 residential care home, or such owner's agent for service of process, not
552 less than five days prior to such hearing. Such notice shall be posted by
553 the court in a conspicuous place inside such facility for not less than
554 three days prior to such hearing.

555 (b) A resident of a nursing home facility or residential care home for
556 which an application to appoint a receiver has been filed or such
557 resident's legally liable relative, conservator or guardian may appear
558 as a party to the proceedings.

559 (c) Notwithstanding the provisions of subsection (a) of this section
560 the court may appoint a receiver upon an ex parte motion when
561 affidavits, testimony or any other evidence presented indicates that
562 there is a reasonable likelihood an emergency exists in such facility or
563 home which must be remedied immediately to insure the health, safety
564 and welfare of the patients of such facility or home. Notice of the
565 application and order shall be served on the owner or [his] or the
566 owner's agent for service of process and shall be posted in a
567 conspicuous place inside [the] such facility or home not later than
568 twenty-four hours after issuance of such order. A hearing on the
569 application shall be held not later than five days after the issuance of
570 such order unless the owner consents to a later date.

571 Sec. 525. Section 19a-543 of the general statutes is repealed and the
572 following is substituted in lieu thereof (*Effective July 1, 2013*):

573 The court shall grant an application for the appointment of a
574 receiver for a nursing home facility or residential care home upon a
575 finding of any of the following: (1) Such facility or home is operating
576 without a license issued pursuant to this chapter or such facility's or
577 home's license has been suspended or revoked pursuant to section 19a-
578 494; (2) such facility or home intends to close and adequate
579 arrangements for relocation of its residents have not been made at least
580 thirty days prior to closing; (3) such facility or home has sustained a
581 serious financial loss or failure which jeopardizes the health, safety and

582 welfare of the patients or there is a reasonable likelihood of such loss
583 or failure; or (4) there exists in such facility a condition in substantial
584 violation of the Public Health Code, or any other applicable state
585 statutes, or Title XVIII or XIX of the federal Social Security Act, 42 USC
586 301, as amended, or any regulation adopted pursuant to such state or
587 federal laws.

588 Sec. 526. Section 19a-544 of the general statutes is repealed and the
589 following is substituted in lieu thereof (*Effective July 1, 2013*):

590 It shall be a sufficient defense to a receivership application if any
591 owner of a nursing home facility or residential care home establishes
592 that, (1) [he] the owner did not have knowledge or could not
593 reasonably have known that any conditions in violation of section 19a-
594 543 existed, or (2) [he] the owner did not have a reasonable time in
595 which to correct such violations, or (3) the violations listed in the
596 application do not, in fact, exist or, in the event the grounds upon
597 which the petition is based are those set forth in subdivision (2) of
598 section 19a-543, as amended by this act, [the] such facility or home
599 does not intend to close.

600 Sec. 527. Subsection (a) of section 19a-545 of the general statutes is
601 repealed and the following is substituted in lieu thereof (*Effective July*
602 *1, 2013*):

603 (a) A receiver appointed pursuant to the provisions of sections 19a-
604 541 to 19a-549, inclusive, as amended by this act, in operating [such] a
605 nursing home facility or residential care home, shall have the same
606 powers as a receiver of a corporation under section 52-507, except as
607 provided in subsection (c) of this section and shall exercise such
608 powers to remedy the conditions [which] that constituted grounds for
609 the imposition of receivership, assure adequate health care for the
610 residents and preserve the assets and property of the owner. If [a] such
611 facility or home is placed in receivership it shall be the duty of the
612 receiver to notify each resident and each resident's guardian or
613 conservator, if any, or legally liable relative or other responsible party,

614 if known. Such receiver may correct or eliminate any deficiency in the
615 structure or furnishings of [the] such facility or home [which] that
616 endangers the safety or health of the residents while they remain in
617 [the] such facility or home, provided the total cost of correction does
618 not exceed three thousand dollars. The court may order expenditures
619 for this purpose in excess of three thousand dollars on application
620 from such receiver. If any resident is transferred or discharged such
621 receiver shall provide for: (1) Transportation of the resident and such
622 resident's belongings and medical records to the place where such
623 resident is being transferred or discharged; (2) aid in locating an
624 alternative placement and discharge planning in accordance with
625 section 19a-535; (3) preparation for transfer to mitigate transfer trauma,
626 including but not limited to, participation by the resident or the
627 resident's guardian in the selection of the resident's alternative
628 placement, explanation of alternative placements and orientation
629 concerning the placement chosen by the resident or the resident's
630 guardian; and (4) custodial care of all property or assets of residents
631 [which] that are in the possession of an owner of [the] such facility or
632 home. The receiver shall preserve all property, assets and records of
633 residents [which] that the receiver has custody of and shall provide for
634 the prompt transfer of the property, assets and records to the
635 alternative placement of any transferred resident. In no event may the
636 receiver transfer all residents and close [a] such facility or home
637 without a court order and without complying with the notice and
638 discharge plan requirements for each resident in accordance with
639 section 19a-535.

640 Sec. 528. Subsection (a) of section 19a-546 of the general statutes is
641 repealed and the following is substituted in lieu thereof (*Effective July*
642 *1, 2013*):

643 (a) A receiver may not be required to honor any lease, mortgage,
644 secured transaction or other contract entered into by the owner of [the]
645 a nursing home facility or residential care home if, upon application to
646 the Superior Court, said court determines that: (1) The person seeking

647 payment under the agreement was an owner or controlling
648 stockholder of [the] such facility or home or was an affiliate of such
649 owner or controlling stockholder at the time the agreement was made;
650 or (2) the rental, price or rate of interest required to be paid under the
651 agreement was substantially in excess of a reasonable rental, price or
652 rate of interest at the time the contract was entered into.

653 Sec. 529. Section 19a-547 of the general statutes is repealed and the
654 following is substituted in lieu thereof (*Effective July 1, 2013*):

655 (a) The court may appoint any responsible individual whose name
656 is proposed by the Commissioner of Public Health and the
657 Commissioner of Social Services to act as a receiver. [Such] For a
658 nursing home facility, such individual shall be a nursing home facility
659 administrator licensed in the state of Connecticut with substantial
660 experience in operating Connecticut nursing homes. [On or before July
661 1, 2004, the] For a residential care home, such individual shall have
662 experience as a residential care home administrator or, if there is no
663 such individual, such individual shall have experience in the state
664 similar to that of a residential care home administrator. The
665 Commissioner of Social Services shall adopt regulations governing
666 qualifications for proposed receivers consistent with this subsection.
667 No state employee or owner, administrator or other person with a
668 financial interest in the [facility] nursing home facility or residential
669 care home may serve as a receiver for that [facility] nursing home
670 facility or residential care home. No person appointed to act as a
671 receiver shall be permitted to have a current financial interest in the
672 [facility] nursing home facility or residential care home; nor shall such
673 person appointed as a receiver be permitted to have a financial interest
674 in the [facility] nursing home facility or residential care home for a
675 period of five years from the date the receivership ceases.

676 (b) The court may remove such receiver in accordance with section
677 52-513. A nursing home facility or residential care home receiver
678 appointed pursuant to this section shall be entitled to a reasonable
679 receiver's fee as determined by the court. The receiver shall be liable

680 only in [his] the receiver's official capacity for injury to person and
681 property by reason of the conditions of the nursing home [. He] facility
682 or residential care home. The receiver shall not be personally liable,
683 except for acts or omissions constituting gross, wilful or wanton
684 negligence.

685 (c) The court, in its discretion, may require a bond of such receiver
686 in accordance with section 52-506.

687 (d) The court may require the Commissioner of Public Health to
688 provide for the payment of any receiver's fees authorized in subsection
689 (a) of this section upon a showing by such receiver to the satisfaction of
690 the court that (1) the assets of the nursing home facility or residential
691 care home are not sufficient to make such payment, and (2) no other
692 source of payment is available, including the submission of claims in a
693 bankruptcy proceeding. The state shall have a claim for any court-
694 ordered fees and expenses of the receiver [which] that shall have
695 priority over all other claims of secured and unsecured creditors and
696 other persons whether or not [the] such nursing home facility or
697 residential care home is in bankruptcy, to the extent allowed under
698 state or federal law.

699 Sec. 530. Section 19a-548 of the general statutes is repealed and the
700 following is substituted in lieu thereof (*Effective July 1, 2013*):

701 Each receiver shall, during the first week in January, April, July and
702 October in each year, sign, swear to and file with the clerk of the court
703 by which [he] the receiver was appointed a full and detailed account of
704 his or her doings as such receiver for the three months next preceding,
705 together with a statement of all court orders passed during such three
706 months and the present condition and prospects of the nursing home
707 facility or residential care home in [his] the receiver's charge, and cause
708 a motion for a hearing and approval of the same to be placed on the
709 short calendar.

710 Sec. 531. Section 19a-549 of the general statutes is repealed and the

711 following is substituted in lieu thereof (*Effective July 1, 2013*):

712 The Superior Court, upon a motion by the receiver or the owner of
713 [such] the nursing home facility or residential care home, may
714 terminate the receivership if it finds that such facility or home has been
715 rehabilitated so that the violations complained of no longer exist or if
716 such receivership was instituted pursuant to subdivision (2) of section
717 19a-543, as amended by this act, the orderly transfer of the patients has
718 been completed and such facility or home is ready to be closed. Upon
719 such finding, the court may terminate the receivership and return such
720 facility or home to its owner. In its termination order the court may
721 include such terms as it deems necessary to prevent the conditions
722 complained of from recurring.

723 Sec. 532. Section 19a-550 of the general statutes is repealed and the
724 following is substituted in lieu thereof (*Effective July 1, 2013*):

725 (a) (1) As used in this section, (A) "nursing home facility" shall have
726 the same meaning as provided in section 19a-521, as amended by this
727 act, [and] (B) "residential care home" shall have the same meaning as
728 provided in section 19a-521, as amended by this act, and (C) "chronic
729 disease hospital" means a long-term hospital having facilities, medical
730 staff and all necessary personnel for the diagnosis, care and treatment
731 of chronic diseases; and (2) for the purposes of subsections (c) and (d)
732 of this section, and subsection (b) of section 19a-537, "medically
733 contraindicated" means a comprehensive evaluation of the impact of a
734 potential room transfer on the patient's physical, mental and
735 psychosocial well-being, which determines that the transfer would
736 cause new symptoms or exacerbate present symptoms beyond a
737 reasonable adjustment period resulting in a prolonged or significant
738 negative outcome that could not be ameliorated through care plan
739 intervention, as documented by a physician in a patient's medical
740 record.

741 (b) There is established a patients' bill of rights for any person
742 admitted as a patient to any nursing home facility, residential care

743 home or chronic disease hospital. The patients' bill of rights shall be
744 implemented in accordance with the provisions of Sections 1919(b),
745 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
746 Act. The patients' bill of rights shall provide that each such patient: (1)
747 Is fully informed, as evidenced by the patient's written
748 acknowledgment, prior to or at the time of admission and during the
749 patient's stay, of the rights set forth in this section and of all rules and
750 regulations governing patient conduct and responsibilities; (2) is fully
751 informed, prior to or at the time of admission and during the patient's
752 stay, of services available in [the] such facility or chronic disease
753 hospital, and of related charges including any charges for services not
754 covered under Titles XVIII or XIX of the Social Security Act, or not
755 covered by basic per diem rate; (3) in such facility or hospital is
756 entitled to choose the patient's own physician and is fully informed, by
757 a physician, of the patient's medical condition unless medically
758 contraindicated, as documented by the physician in the patient's
759 medical record, and is afforded the opportunity to participate in the
760 planning of the patient's medical treatment and to refuse to participate
761 in experimental research; (4) in a residential care home or a chronic
762 disease hospital is transferred from one room to another within [the
763 facility] such home or chronic hospital only for medical reasons, or for
764 the patient's welfare or that of other patients, as documented in the
765 patient's medical record and such record shall include documentation
766 of action taken to minimize any disruptive effects of such transfer,
767 except a patient who is a Medicaid recipient may be transferred from a
768 private room to a nonprivate room, provided no patient may be
769 involuntarily transferred from one room to another within [the facility]
770 such home or chronic disease hospital if (A) it is medically established
771 that the move will subject the patient to a reasonable likelihood of
772 serious physical injury or harm, or (B) the patient has a prior
773 established medical history of psychiatric problems and there is
774 psychiatric testimony that as a consequence of the proposed move
775 there will be exacerbation of the psychiatric problem [which] that
776 would last over a significant period of time and require psychiatric
777 intervention; and in the case of an involuntary transfer from one room

778 to another within [the facility] such home or chronic disease hospital,
779 the patient and, if known, the patient's legally liable relative, guardian
780 or conservator or a person designated by the patient in accordance
781 with section 1-56r, is given [at least] not less than thirty days' and [no]
782 not more than sixty days' written notice to ensure orderly transfer
783 from one room to another within [the facility] such home or chronic
784 disease hospital, except where the health, safety or welfare of other
785 patients is endangered or where immediate transfer from one room to
786 another within [the facility] such home or chronic disease hospital is
787 necessitated by urgent medical need of the patient or where a patient
788 has resided in [the facility] such home or chronic disease hospital for
789 less than thirty days, in which case notice shall be given as many days
790 before the transfer as practicable; (5) is encouraged and assisted,
791 throughout the patient's period of stay, to exercise the patient's rights
792 as a patient and as a citizen, and to this end, has the right to be fully
793 informed about patients' rights by state or federally funded patient
794 advocacy programs, and may voice grievances and recommend
795 changes in policies and services to nursing home facility, residential
796 care home or chronic disease hospital staff or to outside
797 representatives of the patient's choice, free from restraint, interference,
798 coercion, discrimination or reprisal; (6) shall have prompt efforts made
799 by [the facility] such nursing home facility, residential care home or
800 chronic disease hospital to resolve grievances the patient may have,
801 including those with respect to the behavior of other patients; (7) may
802 manage the patient's personal financial affairs, and is given a quarterly
803 accounting of financial transactions made on the patient's behalf; (8) is
804 free from mental and physical abuse, corporal punishment,
805 involuntary seclusion and any physical or chemical restraints imposed
806 for purposes of discipline or convenience and not required to treat the
807 patient's medical symptoms. Physical or chemical restraints may be
808 imposed only to ensure the physical safety of the patient or other
809 patients and only upon the written order of a physician that specifies
810 the type of restraint and the duration and circumstances under which
811 the restraints are to be used, except in emergencies until a specific
812 order can be obtained; (9) is assured confidential treatment of the

813 patient's personal and medical records, and may approve or refuse
814 their release to any individual outside the facility, except in case of the
815 patient's transfer to another health care institution or as required by
816 law or third-party payment contract; (10) receives quality care and
817 services with reasonable accommodation of individual needs and
818 preferences, except where the health or safety of the individual would
819 be endangered, and is treated with consideration, respect, and full
820 recognition of the patient's dignity and individuality, including
821 privacy in treatment and in care for the patient's personal needs; (11) is
822 not required to perform services for the nursing home facility,
823 residential care home or chronic disease hospital that are not included
824 for therapeutic purposes in the patient's plan of care; (12) may
825 associate and communicate privately with persons of the patient's
826 choice, including other patients, send and receive the patient's
827 personal mail unopened and make and receive telephone calls
828 privately, unless medically contraindicated, as documented by the
829 patient's physician in the patient's medical record, and receives
830 adequate notice before the patient's room or roommate in [the] such
831 facility, home or chronic disease hospital is changed; (13) is entitled to
832 organize and participate in patient groups in [the] such facility, home
833 or chronic disease hospital and to participate in social, religious and
834 community activities that do not interfere with the rights of other
835 patients, unless medically contraindicated, as documented by the
836 patient's physician in the patient's medical records; (14) may retain and
837 use the patient's personal clothing and possessions unless to do so
838 would infringe upon rights of other patients or unless medically
839 contraindicated, as documented by the patient's physician in the
840 patient's medical record; (15) is assured privacy for visits by the
841 patient's spouse or a person designated by the patient in accordance
842 with section 1-56r and, if the patient is married and both the patient
843 and the patient's spouse are inpatients in the facility, they are
844 permitted to share a room, unless medically contraindicated, as
845 documented by the attending physician in the medical record; (16) is
846 fully informed of the availability of and may examine all current state,
847 local and federal inspection reports and plans of correction; (17) may

848 organize, maintain and participate in a patient-run resident council, as
849 a means of fostering communication among residents and between
850 residents and staff, encouraging resident independence and
851 addressing the basic rights of nursing home facility, residential care
852 home and chronic disease hospital patients and residents, free from
853 administrative interference or reprisal; (18) is entitled to the opinion of
854 two physicians concerning the need for surgery, except in an
855 emergency situation, prior to such surgery being performed; (19) is
856 entitled to have the patient's family or a person designated by the
857 patient in accordance with section 1-56r meet in [the] such facility,
858 residential care home or chronic disease hospital with the families of
859 other patients in the facility to the extent [the] such facility, residential
860 care home or chronic disease hospital has existing meeting space
861 available [which] that meets applicable building and fire codes; (20) is
862 entitled to file a complaint with the Department of Social Services and
863 the Department of Public Health regarding patient abuse, neglect or
864 misappropriation of patient property; (21) is entitled to have
865 psychopharmacologic drugs administered only on orders of a
866 physician and only as part of a written plan of care developed in
867 accordance with Section 1919(b)(2) of the Social Security Act and
868 designed to eliminate or modify the symptoms for which the drugs are
869 prescribed and only if, at least annually, an independent external
870 consultant reviews the appropriateness of the drug plan; (22) is
871 entitled to be transferred or discharged from the facility only pursuant
872 to section 19a-535, 19a-535a or [section] 19a-535b, as applicable; (23) is
873 entitled to be treated equally with other patients with regard to
874 transfer, discharge and the provision of all services regardless of the
875 source of payment; (24) shall not be required to waive any rights to
876 benefits under Medicare or Medicaid or to give oral or written
877 assurance that the patient is not eligible for, or will not apply for
878 benefits under Medicare or Medicaid; (25) is entitled to be provided
879 information by the nursing home facility or chronic disease hospital as
880 to how to apply for Medicare or Medicaid benefits and how to receive
881 refunds for previous payments covered by such benefits; (26) on or
882 after October 1, 1990, shall not be required to give a third-party

883 guarantee of payment to the facility as a condition of admission to, or
884 continued stay in, [the] such facility; (27) is entitled to have [the] such
885 facility not charge, solicit, accept or receive any gift, money, donation,
886 third-party guarantee or other consideration as a precondition of
887 admission or expediting the admission of the individual to [the] such
888 facility or as a requirement for the individual's continued stay in [the]
889 such facility; and (28) shall not be required to deposit the patient's
890 personal funds in [the] such facility, home or chronic disease hospital.

891 (c) The patients' bill of rights shall provide that a patient in a rest
892 home with nursing supervision or a chronic and convalescent nursing
893 home may be transferred from one room to another within [a facility]
894 such home only for the purpose of promoting the patient's well-being,
895 except as provided pursuant to subparagraph (C) or (D) of this
896 subsection or subsection (d) of this section. Whenever a patient is to be
897 transferred, [the facility] such home shall effect the transfer with the
898 least disruption to the patient and shall assess, monitor and adjust care
899 as needed subsequent to the transfer in accordance with subdivision
900 (10) of subsection (b) of this section. When a transfer is initiated by [the
901 facility] such home and the patient does not consent to the transfer,
902 [the facility] such home shall establish a consultative process that
903 includes the participation of the attending physician, a registered
904 nurse with responsibility for the patient and other appropriate staff in
905 disciplines as determined by the patient's needs, and the participation
906 of the patient, the patient's family, a person designated by the patient
907 in accordance with section 1-56r or other representative. The
908 consultative process shall determine: (1) What caused consideration of
909 the transfer; (2) whether the cause can be removed; and (3) if not,
910 whether [the facility] such home has attempted alternatives to transfer.
911 The patient shall be informed of the risks and benefits of the transfer
912 and of any alternatives. If subsequent to the completion of the
913 consultative process a patient still does not wish to be transferred, the
914 patient may be transferred without the patient's consent, unless
915 medically contraindicated, only (A) if necessary to accomplish physical
916 plant repairs or renovations that otherwise could not be accomplished;

917 provided, if practicable, the patient, if the patient wishes, shall be
918 returned to the patient's room when the repairs or renovations are
919 completed; (B) due to irreconcilable incompatibility between or among
920 roommates, which is actually or potentially harmful to the well-being
921 of a patient; (C) if [the facility] such home has two vacancies available
922 for patients of the same sex in different rooms, there is no applicant of
923 that sex pending admission in accordance with the requirements of
924 section 19a-533 and grouping of patients by the same sex in the same
925 room would allow admission of patients of the opposite sex, [which]
926 that otherwise would not be possible; (D) if necessary to allow access
927 to specialized medical equipment no longer needed by the patient and
928 needed by another patient; or (E) if the patient no longer needs the
929 specialized services or programming that is the focus of the area of [the
930 facility] such home in which the patient is located. In the case of an
931 involuntary transfer, [the facility] such home shall, subsequent to
932 completion of the consultative process, provide the patient and the
933 patient's legally liable relative, guardian or conservator if any or other
934 responsible party if known, with at least fifteen days' written notice of
935 the transfer, which shall include the reason for the transfer, the
936 location to which the patient is being transferred, and the name,
937 address and telephone number of the regional long-term care
938 ombudsman, except that in the case of a transfer pursuant to
939 subparagraph (A) of this subsection at least thirty days' notice shall be
940 provided. Notwithstanding the provisions of this subsection, a patient
941 may be involuntarily transferred immediately from one room to
942 another within [a facility] such home to protect the patient or others
943 from physical harm, to control the spread of an infectious disease, to
944 respond to a physical plant or environmental emergency that threatens
945 the patient's health or safety or to respond to a situation that presents a
946 patient with an immediate danger of death or serious physical harm.
947 In such a case, disruption of patients shall be minimized; the required
948 notice shall be provided [within] not later than twenty-four hours after
949 the transfer; if practicable, the patient, if the patient wishes, shall be
950 returned to the patient's room when the threat to health or safety
951 [which] that prompted the transfer has been eliminated; and, in the

952 case of a transfer effected to protect a patient or others from physical
953 harm, the consultative process shall be established on the next business
954 day.

955 (d) Notwithstanding the provisions of subsection (c) of this section,
956 unless medically contraindicated, a patient who is a Medicaid recipient
957 may be transferred from a private to a nonprivate room. In the case of
958 such a transfer, the nursing home facility shall (1) give [at least] not
959 less than thirty days' written notice to the patient and the patient's
960 legally liable relative, guardian or conservator, if any, a person
961 designated by the patient in accordance with section 1-56r or other
962 responsible party, if known, which notice shall include the reason for
963 the transfer, the location to which the patient is being transferred and
964 the name, address and telephone number of the regional long-term
965 care ombudsman; and (2) establish a consultative process to effect the
966 transfer with the least disruption to the patient and assess, monitor
967 and adjust care as needed subsequent to the transfer in accordance
968 with subdivision (10) of subsection (b) of this section. The consultative
969 process shall include the participation of the attending physician, a
970 registered nurse with responsibility for the patient and other
971 appropriate staff in disciplines as determined by the patient's needs,
972 and the participation of the patient, the patient's family, a person
973 designated by the patient in accordance with section 1-56r or other
974 representative.

975 (e) Any nursing home facility, residential care home or chronic
976 disease hospital that negligently deprives a patient of any right or
977 benefit created or established for the well-being of the patient by the
978 provisions of this section shall be liable to such patient in a private
979 cause of action for injuries suffered as a result of such deprivation.
980 Upon a finding that a patient has been deprived of such a right or
981 benefit, and that the patient has been injured as a result of such
982 deprivation, damages shall be assessed in the amount sufficient to
983 compensate such patient for such injury. The rights or benefits
984 specified in subsections (b) to (d), inclusive, of this section may not be

985 reduced, rescinded or abrogated by contract. In addition, where the
986 deprivation of any such right or benefit is found to have been wilful or
987 in reckless disregard of the rights of the patient, punitive damages may
988 be assessed. A patient may also maintain an action pursuant to this
989 section for any other type of relief, including injunctive and
990 declaratory relief, permitted by law. Exhaustion of any available
991 administrative remedies shall not be required prior to commencement
992 of suit under this section.

993 (f) In addition to the rights specified in subsections (b), (c) and (d) of
994 this section, a patient in a nursing home facility is entitled to have the
995 facility manage the patient's funds as provided in section 19a-551, as
996 amended by this act.

997 Sec. 533. Section 19a-551 of the general statutes is repealed and the
998 following is substituted in lieu thereof (*Effective July 1, 2013*):

999 Each nursing home facility shall: (1) On or before the admission of
1000 each patient provide such patient or such patient's legally liable
1001 relative, guardian or conservator with a written statement explaining
1002 such patient's rights regarding the patient's personal funds and listing
1003 the charges [which] that may be deducted from such funds. Such
1004 statement shall explain that the nursing home facility shall on and after
1005 October 1, 1992, pay interest at a rate not less than four per cent per
1006 annum and on and after October 1, 1994, pay interest at a rate not less
1007 than five and one-half per cent per annum on any security deposit or
1008 other advance payment required of such patient prior to admission to
1009 the nursing home facility. In the case of patients receiving benefits
1010 under Title XVIII or XIX of the federal Social Security Act the
1011 statement shall include a list of charges not covered by said titles and
1012 not covered by the basic per diem rate provided by said titles. Upon
1013 delivery of such statement the person in charge of the nursing home
1014 facility shall obtain a signed receipt acknowledging such delivery; (2)
1015 upon written consent or request of the patient or the patient's legally
1016 liable relative, guardian or conservator, manage such patient's
1017 personal funds, provided such consent by a patient shall not be

1018 effective unless cosigned by the patient's legally liable relative or
1019 guardian if such patient has been determined by a physician to be
1020 mentally incapable of understanding and no conservator has been
1021 appointed. As manager of such personal funds the nursing home
1022 facility shall: (A) Either maintain separate accounts for each patient or
1023 maintain an aggregate trust account for patients' funds to prevent
1024 commingling the personal funds of patients with the funds of [the]
1025 such facility. [The] Such facility shall notify in writing each patient
1026 receiving Medicaid assistance or such patient's legally liable relative,
1027 guardian or conservator when the amount in the patient's account
1028 reaches two hundred dollars less than the dollar amount determined
1029 under the Medicaid program as the maximum for eligibility under the
1030 program and advise the patient or such patient's legally liable relative,
1031 guardian or conservator that if the amount in the account plus the
1032 value of the patient's other nonexempt resources reaches the maximum
1033 the patient may lose his or her Medicaid eligibility; (B) obtain signed
1034 receipts for each expenditure from each patient's personal funds; (C)
1035 maintain an individual itemized record of income and expenditures
1036 for each patient, including quarterly accountings; and (D) permit the
1037 patient or the patient's legally liable relative, guardian or conservator,
1038 and the regional long-term care ombudsman, and representatives from
1039 the Departments of Social Services and Public Health, access to such
1040 record; and (3) (A) refund any overpayment or deposit from a former
1041 patient or such patient's legally liable relative, guardian or conservator
1042 [within] not later than thirty days [of] after the patient's discharge and
1043 (B) refund any deposit from an individual planning to be admitted to
1044 [the] such facility [within] not later than thirty days of receipt of
1045 written notification that the individual is no longer planning to be
1046 admitted. A refund issued after thirty days shall include interest at a
1047 rate of ten per cent per annum. For the purposes of this section
1048 "deposit" shall include liquidated damages under any contract for
1049 pending admission.

1050 Sec. 534. Subsection (a) of section 20-101a of the general statutes is
1051 repealed and the following is substituted in lieu thereof (*Effective July*

1052 1, 2013):

1053 (a) A registered nurse, licensed under this chapter, in charge in a
1054 hospice, [or] nursing home facility, as defined in section 19a-521, as
1055 amended by this act, residential care home, as defined in section 19a-
1056 521, as amended by this act, or a registered nurse, licensed under this
1057 chapter or a registered nurse employed by a home health care agency
1058 licensed by the state of Connecticut, in a home or residence may make
1059 the actual determination and pronouncement of death of a patient
1060 provided that the following conditions are satisfied: (1) The death is an
1061 anticipated death; (2) the registered nurse attests to such
1062 pronouncement on the certificate of death; and (3) the registered nurse,
1063 an advanced practice registered nurse licensed under this chapter, or a
1064 physician licensed under chapter 370 certifies the death and signs the
1065 certificate of death [no] not later than twenty-four hours after the
1066 pronouncement.

1067 Sec. 535. Subsection (a) of section 45a-644 of the general statutes is
1068 repealed and the following is substituted in lieu thereof (*Effective July*
1069 *1, 2013*):

1070 (a) "Conservator of the estate" means a person, a municipal or state
1071 official, or a private profit or nonprofit corporation except a hospital,
1072 [or] nursing home facility, as defined in section 19a-521, as amended
1073 by this act, or residential care home, as defined in section 19a-521, as
1074 amended by this act, appointed by the Court of Probate under the
1075 provisions of sections 45a-644 to 45a-663, inclusive, as amended by this
1076 act, to supervise the financial affairs of a person found to be incapable
1077 of managing his or her own affairs or of a person who voluntarily asks
1078 the Court of Probate for the appointment of a conservator of the estate,
1079 and includes a temporary conservator of the estate appointed under
1080 the provisions of section 45a-654.

1081 Sec. 536. Subsection (a) of section 45a-669 of the general statutes is
1082 repealed and the following is substituted in lieu thereof (*Effective July*
1083 *1, 2013*):

1084 (a) "Plenary guardian of a person with intellectual disability" means
1085 a person, legally authorized state official, or private nonprofit
1086 corporation, except a hospital, [or] nursing home facility, as defined in
1087 section 19a-521, as amended by this act, or residential care home, as
1088 defined in section 19a-521, as amended by this act, appointed by a
1089 court of probate pursuant to the provisions of sections 45a-669 to 45a-
1090 684, inclusive, as amended by this act, to supervise all aspects of the
1091 care of an adult person, as enumerated in subsection (d) of section 45a-
1092 677, for the benefit of such adult, who by reason of the severity of his
1093 or her intellectual disability, has been determined to be totally unable
1094 to meet essential requirements for his physical health or safety and
1095 totally unable to make informed decisions about matters related to his
1096 or her care.

1097 Sec. 537. Subdivision (6) of section 46a-11a of the general statutes is
1098 repealed and the following is substituted in lieu thereof (*Effective July*
1099 *1, 2013*):

1100 (6) "Facility" means any public or private hospital, nursing home
1101 facility, residential care home, training school, regional facility, group
1102 home, community companion home, school or other program serving
1103 persons with intellectual disability;

1104 Sec. 538. Section 19a-524 of the general statutes is repealed and the
1105 following is substituted in lieu thereof (*Effective October 1, 2013*):

1106 If, upon review, investigation or inspection pursuant to section 19a-
1107 498, the Commissioner of Public Health determines that a nursing
1108 home facility has violated any provision of section 17b-406, 19a-521 to
1109 19a-529, inclusive, as amended by this act, 19a-531 to 19a-551,
1110 inclusive, as amended by this act, or 19a-553 to 19a-555, inclusive,
1111 section 19a-491a, 19a-491b, as amended by this act, 19a-491c, 19a-493a
1112 or 19a-528a or any regulation in the Public Health Code or regulation
1113 relating to licensure or the Fire Safety Code relating to the operation or
1114 maintenance of a nursing home facility, which violation has been
1115 classified in accordance with section 19a-527, as amended by this act,

1116 he shall immediately issue or cause to be issued a citation to the
1117 licensee of such nursing home facility. Governmental immunity shall
1118 not be a defense to any citation issued or civil penalty imposed
1119 pursuant to sections 19a-524 to 19a-528, inclusive, as amended by this
1120 act. Each such citation shall be in writing, shall provide notice of the
1121 nature and scope of the alleged violation or violations and shall be sent
1122 by certified mail to the licensee at the address of the nursing home
1123 facility in issue. A copy of such citation shall also be sent to the
1124 licensed administrator at the address of the facility.

1125 Sec. 539. Subsection (b) of section 22a-403 of the general statutes is
1126 repealed and the following is substituted in lieu thereof (*Effective*
1127 *October 1, 2013*):

1128 (b) The commissioner or [his] the commissioner's representative,
1129 engineer or consultant shall determine the impact of the construction
1130 work on the environment, on the safety of persons and property and
1131 on the inland wetlands and watercourses of the state in accordance
1132 with the provisions of sections 22a-36 to 22a-45, inclusive, and shall
1133 further determine the need for a fishway in accordance with the
1134 provisions of section 26-136, and shall examine the documents and
1135 inspect the site, and, upon approval thereof, the commissioner shall
1136 issue a permit authorizing the proposed construction work under such
1137 conditions as the commissioner may direct. The commissioner shall
1138 send a copy of the permit to the town clerk in any municipality in
1139 which the structure is located or any municipality which will be
1140 affected by the structure. An applicant for a permit issued under this
1141 section to construct a dam for a public drinking water supply shall
1142 notify the Commissioner of Public Health of such application. An
1143 applicant for a permit issued under this section to alter, rebuild, repair
1144 or remove an existing dam shall not be required to obtain a permit
1145 under sections 22a-36 to 22a-45a, inclusive, or section 22a-342 or 22a-
1146 368. An applicant for a permit issued under this section to construct a
1147 new dam shall not be required to obtain a permit under sections 22a-36
1148 to 22a-45a, inclusive, for such construction.

1149 Sec. 540. Section 52-146o of the general statutes is repealed and the
1150 following is substituted in lieu thereof (*Effective October 1, 2013*):

1151 (a) Except as provided in sections 52-146c to 52-146j, inclusive,
1152 sections 52-146p, 52-146q and 52-146s, and subsection (b) of this
1153 section, in any civil action or any proceeding preliminary thereto or in
1154 any probate, legislative or administrative proceeding, a physician or
1155 surgeon, [as defined in subsection (b) of section 20-7b] licensed
1156 pursuant to section 20-9, as amended by this act, or other licensed
1157 health care provider, shall not disclose (1) any communication made to
1158 him or her by, or any information obtained by him or her from, a
1159 patient or the conservator or guardian of a patient with respect to any
1160 actual or supposed physical or mental disease or disorder, or (2) any
1161 information obtained by personal examination of a patient, unless the
1162 patient or [his] that patient's authorized representative explicitly
1163 consents to such disclosure.

1164 (b) Consent of the patient or [his] the patient's authorized
1165 representative shall not be required for the disclosure of such
1166 communication or information (1) pursuant to any statute or
1167 regulation of any state agency or the rules of court, (2) by a physician,
1168 surgeon or other licensed health care provider against whom a claim
1169 has been made, or there is a reasonable belief will be made, in such
1170 action or proceeding, to [his] the patient's attorney or professional
1171 liability insurer or such insurer's agent for use in the defense of such
1172 action or proceeding, (3) to the Commissioner of Public Health for
1173 records of a patient of a physician, surgeon or health care provider in
1174 connection with an investigation of a complaint, if such records are
1175 related to the complaint, or (4) if child abuse, abuse of an elderly
1176 individual, abuse of an individual who is physically disabled or
1177 incompetent or abuse of an individual with intellectual disability is
1178 known or in good faith suspected.

1179 Sec. 541. Section 10a-22b of the general statutes is repealed and the
1180 following is substituted in lieu thereof (*Effective July 1, 2013*):

1181 (a) No person, board, association, partnership, corporation, limited
1182 liability company or other entity shall offer instruction in any form or
1183 manner in any trade or in any industrial, commercial, service,
1184 professional or other occupation unless such person, board,
1185 association, partnership, corporation, limited liability company or
1186 other entity first receives from the executive director a certificate
1187 authorizing the occupational instruction to be offered.

1188 (b) Except for initial authorizations, the executive director shall
1189 accept institutional accreditation by an accrediting agency recognized
1190 by the United States Department of Education, in satisfaction of the
1191 requirements of this section and section 10a-22d, including the
1192 evaluation and attendance requirement, unless the executive director
1193 finds reasonable cause not to rely upon such accreditation.

1194 (c) Each person, board, association, partnership, corporation, limited
1195 liability company or other entity which seeks to offer occupational
1196 instruction shall submit to the executive director, or the executive
1197 director's designee, in such manner as the executive director, or the
1198 executive director's designee, prescribes, an application for a certificate
1199 of authorization which includes, but need not be limited to, (1) the
1200 proposed name of the school; (2) ownership and organization of the
1201 school including the names and addresses of all principals, officers,
1202 members and directors; (3) names and addresses of all stockholders of
1203 the school, except for applicants which are listed on a national
1204 securities exchange; (4) addresses of any building or premises on
1205 which the school will be located; (5) description of the occupational
1206 instruction to be offered; (6) the proposed student enrollment
1207 agreement, which includes for each program of occupational
1208 instruction offered a description, in plain language, of any
1209 requirements for employment in such occupation or barriers to such
1210 employment pursuant to state law or regulations; (7) the proposed
1211 school catalog, which includes for each program of occupational
1212 instruction offered a description of any requirements for employment
1213 in such occupation or barriers to such employment pursuant to state

1214 law or regulations; (8) financial statements detailing the financial
1215 condition of the school pursuant to subsection (d) of this section and
1216 subsection (g) of section 10a-22d prepared by management and
1217 reviewed or audited by an independent licensed certified public
1218 accountant or independent licensed public accountant; and (9) an
1219 agent for service of process. Each application for initial authorization
1220 shall be accompanied by a nonrefundable application fee made
1221 payable to the private occupational school student protection account
1222 in the amount of two thousand dollars for the private occupational
1223 school and two hundred dollars for each branch of a private
1224 occupational school in this state.

1225 (d) Each person, board, association, partnership, corporation,
1226 limited liability company or other entity seeking to offer occupational
1227 instruction shall have a net worth consisting of sufficient liquid assets
1228 or produce other evidence of fiscal soundness to demonstrate the
1229 ability of the proposed private occupational school to operate, achieve
1230 all of its objectives and meet all of its obligations, including those
1231 concerning staff and students, during the period of time for which the
1232 authorization is sought.

1233 (e) Upon receipt of a complete application pursuant to subsection (c)
1234 of this section, the executive director shall cause to be conducted an
1235 evaluation of the applicant school. Thereafter, the executive director
1236 shall advise the applicant of authorization or nonauthorization not
1237 later than one hundred twenty days following the completed
1238 appointment of an evaluation team pursuant to subsection (e) of this
1239 section. The executive director may consult with the Labor Department
1240 and may request the advice of any other state agency which may be of
1241 assistance in making a determination. In the event of nonauthorization
1242 by the executive director, he shall set forth the reasons therefor in
1243 writing and the applicant school may request in writing a hearing
1244 before the executive director. Such hearing shall be held in accordance
1245 with the provisions of chapter 54.

1246 (f) For purposes of an evaluation of an applicant school, the

1247 executive director, or the executive director's designee, shall appoint
1248 an evaluation team which shall include (1) at least two members
1249 representing the Office of Higher Education, and (2) at least one
1250 member for each of the areas of occupational instruction for which
1251 authorization is sought who shall be experienced in such occupation.
1252 The applicant school shall have the right to challenge any proposed
1253 member of the evaluation team for good cause shown. A written
1254 challenge shall be filed with the executive director within ten business
1255 days following the appointment of such evaluation team. In the event
1256 of a challenge, a decision shall be made thereon by the executive
1257 director within ten business days from the date such challenge is filed,
1258 and if the challenge is upheld the executive director shall appoint a
1259 replacement. Employees of the state or any political subdivision of the
1260 state may be members of evaluation teams. The executive director, or
1261 the executive director's designee, shall not appoint any person to an
1262 evaluation team unless the executive director, or such designee, has
1263 received from such person a statement that the person has no interest
1264 which is in conflict with the proper discharge of the duties of
1265 evaluation team members as described in this section. The statement
1266 shall be on a form prescribed by the executive director and shall be
1267 signed under penalty of false statement. Members of the evaluation
1268 team shall serve without compensation. Except for any member of the
1269 evaluation team who is a state employee, members shall be reimbursed
1270 for actual expenses, which expenses shall be charged to and paid by
1271 the applicant school.

1272 (g) The evaluation team appointed pursuant to subsection (f) of this
1273 section shall: (1) Conduct an on-site inspection; (2) submit a written
1274 report outlining any evidence of noncompliance; (3) give the school
1275 sixty days from the date of the report to provide evidence of
1276 compliance; and (4) submit to the executive director a written report
1277 recommending authorization or nonauthorization not later than one
1278 hundred twenty days after the on-site inspection. The evaluation team
1279 shall determine whether (A) the quality and content of each course or
1280 program of instruction, including, but not limited to, residential, on-

1281 line, home study and correspondence, training or study shall
1282 reasonably and adequately achieve the stated objective for which such
1283 course or program is offered; (B) the school has adequate space,
1284 equipment, instructional materials and personnel for the instruction
1285 offered; (C) the qualifications of directors, administrators, supervisors
1286 and instructors shall reasonably and adequately assure that students
1287 receive education consistent with the stated objectives for which a
1288 course or program is offered; (D) students and other interested persons
1289 shall be provided with a catalog or similar publication describing the
1290 courses and programs offered, course and program objectives, length
1291 of courses and programs, schedule of tuition, fees and all other charges
1292 and expenses necessary for completion of the course or program, and
1293 termination, withdrawal and refund policies; (E) upon satisfactory
1294 completion of the course or program, each student shall be provided
1295 appropriate educational credentials by the school; (F) adequate records
1296 shall be maintained by the school to show attendance and grades, or
1297 other indicators of student progress, and standards shall be enforced
1298 relating to attendance and student performance; (G) the applicant
1299 school shall be financially sound and capable of fulfilling its
1300 commitments to students; (H) any student housing owned, leased,
1301 rented or otherwise maintained by the applicant school shall be safe
1302 and adequate; and (I) the school and any branch of the school in this
1303 state has a director located at the school or branch who is responsible
1304 for daily oversight of the school's or branch's operations. The
1305 evaluation team may also indicate in its report such recommendations
1306 as may improve the operation of the applicant school.

1307 (h) Any hospital offering instruction in any form or manner in any
1308 trade, industrial, commercial, service, professional or other occupation
1309 for any remuneration, consideration, reward or promise, except to
1310 hospital employees, members of the medical staff and training for
1311 contracted workers, shall obtain a certificate of authorization from the
1312 executive director for the occupational instruction offered. Each
1313 hospital-based occupational school submitting an application for initial
1314 authorization shall pay an application fee of two hundred dollars

1315 made payable to the private occupational school student protection
1316 account. The executive director shall develop a process for prioritizing
1317 the authorization of hospital-based occupational schools based on size
1318 and scope of occupational instruction offered. Such schools shall be in
1319 compliance with this section when required pursuant to the executive
1320 director's process, or by 2012, whichever is earlier.

1321 (i) Any program, school or other entity offering instruction in any
1322 form or manner in barbering or hairdressing for any remuneration,
1323 consideration, reward or promise shall obtain a certificate of
1324 authorization from the executive director of the Office of Higher
1325 Education for the occupational instruction offered. Each program,
1326 school or entity approved on or before July 1, 2013, by the Connecticut
1327 Examining Board for Barbers, Hairdressers and Cosmeticians pursuant
1328 to chapter 368 or 387 that submits an application for initial
1329 authorization shall pay an application fee of five hundred dollars
1330 made payable to the private occupational school student protection
1331 account. The executive director of the Office of Higher Education shall
1332 develop a process for prioritizing the authorization of such barber and
1333 hairdressing programs, schools and entities. Such programs, schools
1334 and entities shall be in compliance with this section on or before July 1,
1335 2015, or when required pursuant to the executive director's process,
1336 whichever is earlier. No person, board, association, partnership
1337 corporation, limited liability company or other entity shall establish a
1338 new program, school or other entity that offers instruction in any form
1339 or manner in barbering or hairdressing on or after July 1, 2013, unless
1340 such person, board, association, partnership, corporation, limited
1341 liability company or other entity first receives from the executive
1342 director of the Office of Higher Education a certificate authorizing the
1343 barbering or hairdressing occupational instruction to be offered in
1344 accordance with the provisions of this section.

1345 Sec. 542. Subdivision (10) of subsection (b) of section 1 of house bill
1346 5979 of the current session, as amended by house amendment schedule
1347 A, is repealed and the following is substituted in lieu thereof (*Effective*

1348 *from passage):*

1349 (10) The Commissioners of Social Services, Public Health,
1350 Developmental Services, and Emergency Services and Public
1351 Protection, the Commissioner on Aging and the Labor Commissioner
1352 and Banking Commissioner, or said commissioners' designees; and

1353 Sec. 543. (NEW) (*Effective July 1, 2013*) (a) As used in this section,
1354 "nuclear medicine technologist" means a person who holds and
1355 maintains current certification in good standing as a nuclear medicine
1356 technologist with the Nuclear Medicine Technology Certification
1357 Board or the American Registry of Radiologic Technologists.

1358 (b) The practice of nuclear medicine technology includes the use of
1359 sealed and unsealed radioactive materials, as well as pharmaceuticals,
1360 adjunctive medications and imaging modalities with or without
1361 contrast as part of diagnostic evaluation and therapy. The
1362 responsibilities of a nuclear medicine technologist include, but are not
1363 limited to, patient care, quality control, diagnostic procedures and
1364 testing, administration of radiopharmaceutical and adjunctive
1365 medications, in vitro diagnostic testing, radionuclide therapy and
1366 radiation safety.

1367 (c) A nuclear medicine technologist may perform nuclear medicine
1368 procedures under the supervision and direction of a physician licensed
1369 pursuant to chapter 370 of the general statutes provided: (1) The
1370 physician is satisfied as to the ability and competency of the nuclear
1371 medicine technologist; (2) such delegation is consistent with the health
1372 and welfare of the patient and in keeping with sound medical practice;
1373 and (3) such procedures are performed under the oversight, control
1374 and direction of the physician.

1375 (d) Nothing in this section shall be construed to apply to the
1376 activities and services of a person who is enrolled in a nuclear
1377 medicine technology educational program acceptable to the Nuclear
1378 Medicine Technology Certification Board or the American Registry of

1379 Radiologic Technologists, provided such activities and services are
1380 incidental to the course of study.

1381 (e) A nuclear medicine technologist shall not: (1) Operate a stand-
1382 alone computed tomography imaging system, except as provided in
1383 section 20-74ee of the general statutes, as amended by this act; or (2)
1384 independently perform a nuclear cardiology stress test, except the
1385 nuclear medicine technologist may administer adjunct medications
1386 and radio pharmaceuticals during the nuclear cardiology stress test
1387 and perform the imaging portion of the nuclear cardiology stress test.

1388 Sec. 544. Subsection (b) of section 20-9 of the general statutes is
1389 repealed and the following is substituted in lieu thereof (*Effective July*
1390 *1, 2013*):

1391 (b) The provisions of this chapter shall not apply to:

1392 (1) Dentists while practicing dentistry only;

1393 (2) Any person in the employ of the United States government while
1394 acting in the scope of his employment;

1395 (3) Any person who furnishes medical or surgical assistance in cases
1396 of sudden emergency;

1397 (4) Any person residing out of this state who is employed to come
1398 into this state to render temporary assistance to or consult with any
1399 physician or surgeon who has been licensed in conformity with the
1400 provisions of this chapter;

1401 (5) Any physician or surgeon residing out of this state who holds a
1402 current license in good standing in another state and who is employed
1403 to come into this state to treat, operate or prescribe for any injury,
1404 deformity, ailment or disease from which the person who employed
1405 such physician, or the person on behalf of whom such physician is
1406 employed, is suffering at the time when such nonresident physician or
1407 surgeon is so employed, provided such physician or surgeon may

1408 practice in this state without a Connecticut license for a period not to
1409 exceed thirty consecutive days;

1410 (6) Any person rendering service as (A) an advanced practice
1411 registered nurse if such service is rendered in collaboration with a
1412 licensed physician, or (B) an advanced practice registered nurse
1413 maintaining classification from the American Association of Nurse
1414 Anesthetists if such service is under the direction of a licensed
1415 physician;

1416 (7) Any nurse-midwife practicing nurse-midwifery in accordance
1417 with the provisions of chapter 377;

1418 (8) Any podiatrist licensed in accordance with the provisions of
1419 chapter 375;

1420 (9) Any Christian Science practitioner who does not use or prescribe
1421 in his practice any drugs, poisons, medicines, chemicals, nostrums or
1422 surgery;

1423 (10) Any person licensed to practice any of the healing arts named
1424 in section 20-1, who does not use or prescribe in his practice any drugs,
1425 medicines, poisons, chemicals, nostrums or surgery;

1426 (11) Any graduate of any school or institution giving instruction in
1427 the healing arts who has been issued a permit in accordance with
1428 subsection (a) of section 20-11a and who is serving as an intern,
1429 resident or medical officer candidate in a hospital;

1430 (12) Any student participating in a clinical clerkship program who
1431 has the qualifications specified in subsection (b) of section 20-11a;

1432 (13) Any person, otherwise qualified to practice medicine in this
1433 state except that he is a graduate of a medical school located outside of
1434 the United States or the Dominion of Canada which school is
1435 recognized by the American Medical Association or the World Health
1436 Organization, to whom the Connecticut Medical Examining Board,

1437 subject to such regulations as the Commissioner of Public Health, with
1438 advice and assistance from the board, prescribes, has issued a permit
1439 to serve as an intern or resident in a hospital in this state for the
1440 purpose of extending his education;

1441 (14) Any person rendering service as a physician assistant licensed
1442 pursuant to section 20-12b, a registered nurse, a licensed practical
1443 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
1444 acting within the scope of regulations adopted pursuant to section 19a-
1445 179, if such service is rendered under the supervision, control and
1446 responsibility of a licensed physician;

1447 (15) Any student enrolled in an accredited physician assistant
1448 program or paramedic program approved in accordance with
1449 regulations adopted pursuant to section 19a-179, who is performing
1450 such work as is incidental to his course of study;

1451 (16) Any person who, on June 1, 1993, has worked continuously in
1452 this state since 1979 performing diagnostic radiology services and who,
1453 as of October 31, 1997, continued to render such services under the
1454 supervision, control and responsibility of a licensed physician solely
1455 within the setting where such person was employed on June 1, 1993;

1456 (17) Any person practicing athletic training, as defined in section 20-
1457 65f;

1458 (18) When deemed by the Connecticut Medical Examining Board to
1459 be in the public's interest, based on such considerations as academic
1460 attainments, specialty board certification and years of experience, to a
1461 foreign physician or surgeon whose professional activities shall be
1462 confined within the confines of a recognized medical school;

1463 (19) Any technician engaging in tattooing in accordance with the
1464 provisions of section 19a-92a and any regulations adopted thereunder;

1465 (20) Any person practicing perfusion, as defined in section 20-162aa;
1466 [or]

1467 (21) Any foreign physician or surgeon (A) participating in
1468 supervised clinical training under the direct supervision and control of
1469 a physician or surgeon licensed in accordance with the provisions of
1470 this chapter, and (B) whose professional activities are confined to a
1471 licensed hospital that has a residency program accredited by the
1472 Accreditation Council for Graduate Medical Education or that is a
1473 primary affiliated teaching hospital of a medical school accredited by
1474 the Liaison Committee on Medical Education. Such hospital shall
1475 verify that the foreign physician or surgeon holds a current valid
1476 license in another country; or

1477 (22) Any person practicing as a nuclear medicine technologist, as
1478 defined in section 543 of this act, while performing under the
1479 supervision and direction of a physician licensed in accordance with
1480 the provisions of this chapter.

1481 Sec. 545. Subsection (a) of section 20-74ee of the general statutes is
1482 repealed and the following is substituted in lieu thereof (*Effective July*
1483 *1, 2013*):

1484 (a) (1) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1485 20-74cc, inclusive, and this section shall be construed to require
1486 licensure as a radiographer or to limit the activities of a physician
1487 licensed pursuant to chapter 370, a chiropractor licensed pursuant to
1488 chapter 372, a natureopath licensed pursuant to chapter 373, a
1489 podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant
1490 to chapter 379 or a veterinarian licensed pursuant to chapter 384.

1491 (2) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1492 20-74cc, inclusive, and this section shall be construed to require
1493 licensure as a radiographer or to limit the activities of a dental
1494 hygienist licensed pursuant to chapter 379a, provided such dental
1495 hygienist is engaged in the taking of dental x-rays under the general
1496 supervision of a dentist licensed pursuant to chapter 379.

1497 (3) Nothing in subsection (c) of section 19a-14, sections 20-74aa to

1498 20-74cc, inclusive, and this section shall be construed to require
1499 licensure as a radiographer or to limit the activities of: (A) A dental
1500 assistant as defined in section 20-112a, provided such dental assistant
1501 is engaged in the taking of dental x-rays under the supervision and
1502 control of a dentist licensed pursuant to chapter 379 and can
1503 demonstrate successful completion of the dental radiography portion
1504 of an examination prescribed by the Dental Assisting National Board,
1505 or (B) a dental assistant student, intern or trainee pursuing practical
1506 training in the taking of dental x-rays provided such activities
1507 constitute part of a supervised course or training program and such
1508 person is designated by a title which clearly indicates such person's
1509 status as a student, intern or trainee.

1510 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1511 20-74cc, inclusive, and this section shall be construed to [require
1512 licensure as a radiographer or to limit the activities of a technologist
1513 certified by the International Society for Clinical Densitometry or the
1514 American Registry of Radiologic Technologists, provided such
1515 individual is engaged in the operation of a bone densitometry system
1516 under the supervision, control and responsibility of a physician
1517 licensed pursuant to chapter 370] prohibit a nuclear medicine
1518 technologist, as defined in section 543 of this act, who (A) has
1519 successfully completed the individual certification exam for computed
1520 tomography or magnetic resonance imaging administered by the
1521 American Registry of Radiologic Technologists, and (B) holds and
1522 maintains in good standing, computed tomography or magnetic
1523 resonance imaging certification by the American Registry of
1524 Radiologic Technologists, from fully operating a computed
1525 tomography or magnetic resonance imaging portion of a hybrid-fusion
1526 imaging system, including diagnostic imaging, in conjunction with a
1527 positron emission tomography or single-photon emission computed
1528 tomography imaging system.

1529 (5) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1530 20-74cc, inclusive, and this section shall be construed to require

1531 licensure as a radiographer or to limit the activities of a podiatric
1532 medical assistant, provided such podiatric assistant is engaged in
1533 taking of podiatric x-rays under the supervision and control of a
1534 podiatrist licensed pursuant to chapter 375 and can demonstrate
1535 successful completion of the podiatric radiography exam as prescribed
1536 by the Connecticut Board of Podiatry Examiners.

1537 (6) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1538 20-74cc, inclusive, and this section shall be construed to require
1539 licensure as a radiographer or to limit the activities of a physician
1540 assistant, licensed and supervised pursuant to chapter 370, who is
1541 engaged in the use of fluoroscopy for guidance of diagnostic and
1542 therapeutic procedures or from positioning and utilizing a mini C-arm
1543 in conjunction with fluoroscopic procedures.

1544 Sec. 546. (*Effective from passage*) (a) There is established a task force to
1545 study the provision of beverages and catered food at funeral homes.
1546 The task force shall: (1) Review policies and procedures for serving
1547 beverages and food in funeral homes in other states; and (2) analyze
1548 and make recommendations concerning the provision of beverages
1549 and catered food at funeral homes in this state.

1550 (b) The task force shall consist of the following members:

1551 (1) Two persons experienced in the funeral service business, one
1552 each appointed by the president pro tempore of the Senate and the
1553 speaker of the House of Representatives;

1554 (2) Four persons who are funeral directors in this state, one each
1555 appointed by the majority leader of the Senate, the minority leader of
1556 the Senate, the majority leader of the House of Representatives and the
1557 minority leader of the House of Representatives;

1558 (3) One person who has experience providing catering or banquet
1559 services, who shall be appointed by the Governor; and

1560 (4) The Commissioner of Public Health, or the commissioner's

1561 designee.

1562 (c) All appointments to the task force shall be made not later than
1563 thirty days after the effective date of this section. Members of the task
1564 force shall serve without compensation.

1565 (d) The first meeting of the task force shall be held not later than
1566 sixty days after the effective date of this section. The task force shall
1567 elect a chairperson from among its members.

1568 (e) Not later than January 1, 2014, the task force shall report, in
1569 accordance with the provisions of section 11-4a of the general statutes,
1570 on its findings and recommendations to the joint standing committee
1571 of the General Assembly having cognizance of matters relating to
1572 public health. The task force shall terminate on the date that it submits
1573 its report or January 1, 2014, whichever is later.

1574 Sec. 547. (*Effective from passage*) (a) From October 1, 2013, to
1575 September 30, 2014, inclusive, each hospital, as defined in section 19a-
1576 631 of the general statutes, that has obtained a certificate of need from
1577 the Office of Health Care Access that permits such hospital to provide
1578 coronary angioplasty services in an emergency situation but does not
1579 permit such services on an elective basis, shall report to the
1580 Department of Public Health once each month in the form and manner
1581 prescribed by the Commissioner of Public Health concerning: (1) The
1582 number of persons upon whom the hospital performed an emergency
1583 coronary angioplasty and who were discharged to another hospital in
1584 order to receive an elective coronary angioplasty; and (2) the number
1585 of persons upon whom the hospital performed an emergency coronary
1586 angioplasty and who were discharged by such hospital to another
1587 hospital in order to receive open-heart surgery.

1588 (b) Not later than January 15, 2015, the Commissioner of Public
1589 Health shall report, in accordance with the provisions of section 11-4a
1590 of the general statutes, to the joint standing committee of the General
1591 Assembly having cognizance of matters relating to public health

1592 concerning the information received pursuant to this subsection.

1593 Sec. 548. Subsection (a) of section 20-195c of the general statutes is
1594 repealed and the following is substituted in lieu thereof (*Effective*
1595 *October 1, 2013*):

1596 (a) Each applicant for licensure as a marital and family therapist
1597 shall present to the department satisfactory evidence that such
1598 applicant has: (1) Completed a graduate degree program specializing
1599 in marital and family therapy from a regionally accredited college or
1600 university or an accredited postgraduate clinical training program
1601 [approved] accredited by the Commission on Accreditation for
1602 Marriage and Family Therapy Education [and recognized by the
1603 United States Department of Education] offered by a regionally
1604 accredited institution of higher education; (2) completed a supervised
1605 practicum or internship with emphasis in marital and family therapy
1606 supervised by the program granting the requisite degree or by an
1607 accredited postgraduate clinical training program, [approved]
1608 accredited by the Commission on Accreditation for Marriage and
1609 Family Therapy Education [recognized by the United States
1610 Department of Education] offered by a regionally accredited
1611 institution of higher education in which the student received a
1612 minimum of five hundred direct clinical hours that included one
1613 hundred hours of clinical supervision; (3) completed a minimum of
1614 twelve months of relevant postgraduate experience, including at least
1615 (A) one thousand hours of direct client contact offering marital and
1616 family therapy services subsequent to being awarded a master's degree
1617 or doctorate or subsequent to the training year specified in subdivision
1618 (2) of this subsection, and (B) one hundred hours of postgraduate
1619 clinical supervision provided by a licensed marital and family
1620 therapist; and (4) passed an examination prescribed by the
1621 department. The fee shall be three hundred fifteen dollars for each
1622 initial application.

1623 Sec. 549. Subsections (d) and (e) of section 501 of substitute senate
1624 bill 1070 of the current session, as amended by senate amendment

1625 schedule B, are repealed and the following is substituted in lieu thereof
1626 (*Effective from passage*):

1627 (d) The Commissioner of Public Health, or the commissioner's
1628 designee, shall be an ex-officio, nonvoting member of the [task force]
1629 advisory council and shall attend all meetings of the advisory council.

1630 (e) Any member of the [task force appointed] advisory council
1631 under subsection (c) of this section may be a member of the General
1632 Assembly.

1633 Sec. 550. Subsection (j) of section 1 of house bill 6406 of the current
1634 session, as amended by house amendment schedule A, is repealed and
1635 the following is substituted in lieu thereof (*Effective from passage*):

1636 (j) (1) The commissioner shall, within available appropriations,
1637 establish an electronic prescription drug monitoring program to
1638 collect, by electronic means, prescription information for schedules II,
1639 III, IV and V controlled substances, as defined in subdivision (9) of
1640 section 21a-240, that are dispensed by pharmacies, nonresident
1641 pharmacies, as defined in section 20-627, outpatient pharmacies in
1642 hospitals or institutions or by any other dispenser, as defined in
1643 section 21a-240. The program shall be designed to provide information
1644 regarding the prescription of controlled substances in order to prevent
1645 the improper or illegal use of the controlled substances and shall not
1646 infringe on the legitimate prescribing of a controlled substance by a
1647 prescribing practitioner acting in good faith and in the course of
1648 professional practice.

1649 (2) The commissioner may identify other products or substances to
1650 be included in the electronic prescription drug monitoring program
1651 established pursuant to subdivision (1) of this subsection.

1652 (3) Each pharmacy, nonresident [pharmacies] pharmacy, as defined
1653 in section 20-627, outpatient pharmacy in a hospital or institution and
1654 dispenser, as defined in section 21a-240, shall report to the
1655 commissioner, at least weekly, by electronic means or, if a pharmacy or

1656 outpatient pharmacy does not maintain records electronically, in a
1657 format approved by the commissioner, the following information for
1658 all controlled substance prescriptions dispensed by such pharmacy or
1659 outpatient pharmacy: (A) Dispenser identification number; (B) the date
1660 the prescription for the controlled substance was filled; (C) the
1661 prescription number; (D) whether the prescription for the controlled
1662 substance is new or a refill; (E) the national drug code number for the
1663 drug dispensed; (F) the amount of the controlled substance dispensed
1664 and the number of days' supply of the controlled substance; (G) a
1665 patient identification number; (H) the patient's first name, last name
1666 and street address, including postal code; (I) the date of birth of the
1667 patient; (J) the date the prescription for the controlled substance was
1668 issued by the prescribing practitioner and the prescribing practitioner's
1669 Drug Enforcement Agency's identification number; and (K) the type of
1670 payment.

1671 (4) The commissioner may contract with a vendor for purposes of
1672 electronically collecting such controlled substance prescription
1673 information. The commissioner and any such vendor shall maintain
1674 the information in accordance with the provisions of chapter 400j.

1675 (5) The commissioner and any such vendor shall not disclose
1676 controlled substance prescription information reported pursuant to
1677 subdivision (3) of this subsection, except as authorized pursuant to the
1678 provisions of sections 21a-240 to 21a-283, inclusive. Any person who
1679 knowingly violates any provision of this subdivision or subdivision (4)
1680 of this subsection shall be guilty of a class D felony.

1681 (6) The commissioner shall provide, upon request, controlled
1682 substance prescription information obtained in accordance with
1683 subdivision (3) of this subsection to the following: (A) The prescribing
1684 practitioner who is treating or has treated a specific patient, provided
1685 the information is obtained for purposes related to the treatment of the
1686 patient, including the monitoring of controlled substances obtained by
1687 the patient; (B) the prescribing practitioner with whom a patient has
1688 made contact for the purpose of seeking medical treatment, provided

1689 the request is accompanied by a written consent, signed by the
1690 prospective patient, for the release of controlled substance prescription
1691 information; or (C) the pharmacist who is dispensing controlled
1692 substances for a patient, provided the information is obtained for
1693 purposes related to the scope of the pharmacist's practice and
1694 management of the patient's drug therapy, including the monitoring of
1695 controlled substances obtained by the patient. The prescribing
1696 practitioner or pharmacist shall submit a written and signed request to
1697 the commissioner for controlled substance prescription information.
1698 Such prescribing practitioner or pharmacist shall not disclose any such
1699 request except as authorized pursuant to sections 20-570 to 20-630,
1700 inclusive, or sections 21a-240 to 21a-283, inclusive.

1701 (7) No person or employer shall prohibit, discourage or impede a
1702 prescribing practitioner or pharmacist from requesting controlled
1703 substance prescription information pursuant to this subsection.

1704 (8) The commissioner shall adopt regulations, in accordance with
1705 chapter 54, concerning the reporting, evaluation, management and
1706 storage of electronic controlled substance prescription information.

1707 (9) The provisions of this section shall not apply to (A) samples of
1708 controlled substances dispensed by a physician to a patient, or (B) any
1709 controlled substances dispensed to hospital inpatients.

1710 (10) The provisions of this section shall not apply to any
1711 institutional pharmacy or pharmacist's drug room operated by a
1712 facility, licensed under section 19a-495 of the general statutes and
1713 regulations adopted pursuant to said section 19a-495, that dispenses or
1714 administers directly to a patient opioid antagonists for treatment of a
1715 substance use disorder.

1716 Sec. 551. (NEW) (*Effective from passage*) Any person, firm or
1717 corporation engaged in the growing of swine that are to be used or
1718 disposed of elsewhere than on the premises where such swine are
1719 grown shall register with the Commissioner of Agriculture on forms

1720 furnished by the commissioner. The commissioner may make orders
1721 and adopt regulations, in accordance with the provisions of chapter 54
1722 of the general statutes, concerning examination, quarantine,
1723 disinfection, preventive treatment, disposition, transportation,
1724 importation, feeding and sanitation for the protection of swine from
1725 contagious and infectious disease. Said commissioner shall, at once,
1726 cause an investigation of all cases of such diseases coming to the
1727 commissioner's knowledge and shall use all proper means to
1728 exterminate and prevent spread of the same. Instructions shall be
1729 issued, in writing, by the commissioner or the commissioner's agent
1730 that shall contain directions for quarantine and disinfection of the
1731 premises where such disease exists. No swine shall be brought into
1732 Connecticut by any individual, corporation or common carrier, unless
1733 the same originate from a herd that is validated as brucellosis-free and
1734 qualified pseudorabies-negative, and are accompanied by a permit
1735 issued by the commissioner and an official health certificate showing
1736 such animals to be free from any contagious or infectious disease,
1737 except that swine brought into this state for the purpose of immediate
1738 slaughter upon premises where federal inspection is maintained need
1739 not be accompanied by an official health certificate and the owner of
1740 each establishment where federal inspection is maintained shall report
1741 weekly to the commissioner, upon forms furnished by the
1742 commissioner, the number of such swine imported. Such permit shall
1743 accompany all waybills or, if animals are driven or carted over
1744 highways, shall be in the possession of the person in charge of swine.
1745 In addition to any other requirements of this section, all swine
1746 imported for other than immediate slaughter that are over three
1747 months of age, other than barrows, shall be negative as to a blood test
1748 for brucellosis and pseudorabies within thirty days of importation.
1749 With approval of the State Veterinarian, a thirty-day blood test may
1750 not be required for swine originating from, and residing for at least
1751 thirty days prior to importation in, a state that is validated as
1752 brucellosis-free and stage V pseudorabies-free, or for swine originating
1753 from any herd which the State Veterinarian determines to be
1754 pathogen-free. With such approval, swine may be imported pursuant

1755 to an import permit and a current official health certificate. All swine
1756 brought into the state for immediate slaughter shall be killed in an
1757 approved slaughterhouse under veterinary inspection.

1758 Sec. 552. Section 10-297 of the general statutes is repealed and the
1759 following is substituted in lieu thereof (*Effective October 1, 2013*):

1760 The Commissioner of Rehabilitation Services is authorized to aid in
1761 securing employment for capable blind or partially blind persons in
1762 industrial and mercantile establishments and in other positions which
1763 offer financial returns. Said commissioner may aid needy blind
1764 persons in such way as said commissioner deems expedient,
1765 expending for such purpose such sum as the General Assembly
1766 appropriates, provided the maximum expenditure for any one person
1767 shall not exceed the sum of nine hundred [and] sixty dollars in a fiscal
1768 year, but, if said maximum amount is insufficient to furnish necessary
1769 medical or hospital treatment to a beneficiary, said commissioner may
1770 authorize payment of such additional costs as the commissioner deems
1771 necessary and reasonable.

1772 Sec. 553. Section 19a-109 of the general statutes is repealed and the
1773 following is substituted in lieu thereof (*Effective October 1, 2013*):

1774 When any building or part thereof is occupied as a home or place of
1775 residence or as an office or place of business, either mercantile or
1776 otherwise, a temperature of less than sixty-five degrees Fahrenheit in
1777 such building or part thereof shall, for the purpose of this section, be
1778 deemed injurious to the health of the occupants thereof, except that the
1779 Commissioner of Public Health may adopt regulations establishing a
1780 temperature higher than sixty-five degrees Fahrenheit when the
1781 health, comfort or safety of the occupants of any such building or part
1782 thereof so requires. In any such building or part thereof where,
1783 because of physical characteristics or the nature of the business being
1784 conducted, a temperature of sixty-five degrees Fahrenheit cannot
1785 reasonably be maintained in certain areas, the Labor Commissioner
1786 may grant a variance for such areas. The owner of any building or the

1787 agent of such owner having charge of such property, or any lessor or
1788 his agent, manager, superintendent or janitor of any building, or part
1789 thereof, the lease or rental agreement whereof by its terms, express or
1790 implied, requires the furnishing of heat, cooking gas, electricity, hot
1791 water or water to any occupant of such building or part thereof, who,
1792 wilfully and intentionally, fails to furnish such heat to the degrees
1793 herein provided, cooking gas, electricity, hot water or water and
1794 thereby interferes with the cooking gas, electricity, hot water or water
1795 and thereby interferes with the comfortable or quiet enjoyment of the
1796 premises, at any time when the same are necessary to the proper or
1797 customary use of such building or part thereof, shall be guilty of a
1798 class D misdemeanor. No public service company or electric supplier,
1799 as defined in section 16-1, shall, at the request of any such owner,
1800 agent, lessor, manager, superintendent or janitor, cause heat, cooking
1801 gas, electricity, hot water or water services to be terminated with
1802 respect to any such leased or rented property unless the owner or
1803 lessor furnishes a statement signed by the lessee agreeing to such
1804 termination or a notarized statement signed by the lessor to the effect
1805 that the premises are vacant.

1806 Sec. 554. Subsection (b) of section 20-10b of the general statutes is
1807 repealed and the following is substituted in lieu thereof (*Effective*
1808 *October 1, 2013*):

1809 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1810 this section, a licensee applying for license renewal shall earn a
1811 minimum of fifty contact hours of continuing medical education
1812 within the preceding twenty-four-month period. Such continuing
1813 medical education shall (1) be in an area of the physician's practice; (2)
1814 reflect the professional needs of the licensee in order to meet the health
1815 care needs of the public; and (3) include at least one contact hour of
1816 training or education in each of the following topics: (A) Infectious
1817 diseases, including, but not limited to, acquired immune deficiency
1818 syndrome and human immunodeficiency virus, (B) risk management,
1819 (C) sexual assault, (D) domestic violence, and (E) cultural competency.

1820 For purposes of this section, qualifying continuing medical education
1821 activities include, but are not limited to, courses offered or approved
1822 by the American Medical Association, American Osteopathic Medical
1823 Association, Connecticut Hospital Association, Connecticut State
1824 Medical Society, county medical societies or equivalent organizations
1825 in another jurisdiction, educational offerings sponsored by a hospital
1826 or other health care institution or courses offered by a regionally
1827 accredited academic institution or a state or local health department.
1828 The commissioner may grant a waiver for not more than ten contact
1829 hours of continuing medical education for a physician who: [(1)] (i)
1830 Engages in activities related to the physician's service as a member of
1831 the Connecticut Medical Examining Board, established pursuant to
1832 section 20-8a; [(2)] (ii) engages in activities related to the physician's
1833 service as a member of a medical hearing panel, pursuant to section 20-
1834 8a; or [(3)] (iii) assists the department with its duties to boards and
1835 commissions as described in section 19a-14.

1836 Sec. 555. Section 19a-490 of the general statutes is repealed and the
1837 following is substituted in lieu thereof (*Effective January 1, 2014*):

1838 As used in this chapter and sections 17b-261e, 38a-498b and 38a-
1839 525b:

1840 (a) "Institution" means a hospital, residential care home, health care
1841 facility for the handicapped, nursing home, rest home, home health
1842 care agency, homemaker-home health aide agency, mental health
1843 facility, assisted living services agency, substance abuse treatment
1844 facility, outpatient surgical facility, outpatient clinic, an infirmary
1845 operated by an educational institution for the care of students enrolled
1846 in, and faculty and employees of, such institution; a facility engaged in
1847 providing services for the prevention, diagnosis, treatment or care of
1848 human health conditions, including facilities operated and maintained
1849 by any state agency, except facilities for the care or treatment of
1850 mentally ill persons or persons with substance abuse problems; and a
1851 residential facility for the mentally retarded licensed pursuant to
1852 section 17a-227 and certified to participate in the Title XIX Medicaid

1853 program as an intermediate care facility for the mentally retarded;

1854 (b) "Hospital" means an establishment for the lodging, care and
1855 treatment of persons suffering from disease or other abnormal physical
1856 or mental conditions and includes inpatient psychiatric services in
1857 general hospitals;

1858 (c) "Residential care home", "nursing home" or "rest home" means an
1859 establishment which furnishes, in single or multiple facilities, food and
1860 shelter to two or more persons unrelated to the proprietor and, in
1861 addition, provides services which meet a need beyond the basic
1862 provisions of food, shelter and laundry;

1863 (d) "Home health care agency" means a public or private
1864 organization, or a subdivision thereof, engaged in providing
1865 professional nursing services and the following services, available
1866 twenty-four hours per day, in the patient's home or a substantially
1867 equivalent environment: Homemaker-home health aide services as
1868 defined in this section, physical therapy, speech therapy, occupational
1869 therapy or medical social services. The agency shall provide
1870 professional nursing services and at least one additional service
1871 directly and all others directly or through contract. An agency shall be
1872 available to enroll new patients seven days a week, twenty-four hours
1873 per day;

1874 (e) "Homemaker-home health aide agency" means a public or
1875 private organization, except a home health care agency, which
1876 provides in the patient's home or a substantially equivalent
1877 environment supportive services which may include, but are not
1878 limited to, assistance with personal hygiene, dressing, feeding and
1879 incidental household tasks essential to achieving adequate household
1880 and family management. Such supportive services shall be provided
1881 under the supervision of a registered nurse and, if such nurse
1882 determines appropriate, shall be provided by a social worker, physical
1883 therapist, speech therapist or occupational therapist. Such supervision
1884 may be provided directly or through contract;

1885 (f) "Homemaker-home health aide services" as defined in this
1886 section shall not include services provided to assist individuals with
1887 activities of daily living when such individuals have a disease or
1888 condition that is chronic and stable as determined by a physician
1889 licensed in the state of Connecticut;

1890 (g) "Mental health facility" means any facility for the care or
1891 treatment of mentally ill or emotionally disturbed persons, or any
1892 mental health outpatient treatment facility that provides treatment to
1893 persons sixteen years of age or older who are receiving services from
1894 the Department of Mental Health and Addiction Services, but does not
1895 include family care homes for the mentally ill;

1896 (h) "Alcohol or drug treatment facility" means any facility for the
1897 care or treatment of persons suffering from alcoholism or other drug
1898 addiction;

1899 (i) "Person" means any individual, firm, partnership, corporation,
1900 limited liability company or association;

1901 (j) "Commissioner" means the Commissioner of Public Health;

1902 (k) "Home health agency" means an agency licensed as a home
1903 health care agency or a homemaker-home health aide agency; and

1904 (l) "Assisted living services agency" means an agency that provides,
1905 among other things, nursing services and assistance with activities of
1906 daily living to a population that is chronic and stable.

1907 (m) "Outpatient clinic" means an organization operated by a
1908 municipality or a corporation, other than a hospital, that provides (1)
1909 ambulatory medical care, including preventive and health promotion
1910 services, (2) dental care, or (3) mental health services in conjunction
1911 with medical or dental care for the purpose of diagnosing or treating a
1912 health condition that does not require the patient's overnight care.

1913 Sec. 556. (NEW) *(Effective January 1, 2014)* (a) The Commissioner of

1914 Public Health shall license outpatient clinics, as defined in section 19a-
 1915 490 of the general statutes, as amended by this act.

1916 (b) The commissioner may adopt regulations, in accordance with
 1917 the provisions of chapter 54 of the general statutes, to implement the
 1918 provisions of this section. The commissioner may waive any provision
 1919 of the regulations for outpatient clinics. The commissioner may
 1920 implement policies and procedures necessary to administer the
 1921 provisions of this section while in the process of adopting such policies
 1922 and procedures as regulations, provided notice of intent to adopt
 1923 regulations is published in the Connecticut Law Journal not later than
 1924 twenty days after the date of implementation. Policies and procedures
 1925 implemented pursuant to this section shall be valid until the time final
 1926 regulations are adopted."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	July 1, 2013	19a-521
Sec. 502	July 1, 2013	19a-490(c)
Sec. 503	July 1, 2013	17b-451(a)
Sec. 504	July 1, 2013	19a-491b
Sec. 505	July 1, 2013	19a-491c(a)
Sec. 506	July 1, 2013	19a-497
Sec. 507	July 1, 2013	19a-498(d)
Sec. 508	July 1, 2013	19a-502(b)
Sec. 509	July 1, 2013	19a-521c
Sec. 510	July 1, 2013	19a-522
Sec. 511	July 1, 2013	19a-523
Sec. 512	July 1, 2013	19a-524
Sec. 513	July 1, 2013	19a-525
Sec. 514	July 1, 2013	19a-526
Sec. 515	July 1, 2013	19a-527
Sec. 516	July 1, 2013	19a-528
Sec. 517	July 1, 2013	19a-529
Sec. 518	July 1, 2013	19a-531
Sec. 519	July 1, 2013	19a-532
Sec. 520	July 1, 2013	19a-534

Sec. 521	<i>July 1, 2013</i>	19a-534a
Sec. 522	<i>July 1, 2013</i>	19a-538
Sec. 523	<i>July 1, 2013</i>	19a-541
Sec. 524	<i>July 1, 2013</i>	19a-542
Sec. 525	<i>July 1, 2013</i>	19a-543
Sec. 526	<i>July 1, 2013</i>	19a-544
Sec. 527	<i>July 1, 2013</i>	19a-545(a)
Sec. 528	<i>July 1, 2013</i>	19a-546(a)
Sec. 529	<i>July 1, 2013</i>	19a-547
Sec. 530	<i>July 1, 2013</i>	19a-548
Sec. 531	<i>July 1, 2013</i>	19a-549
Sec. 532	<i>July 1, 2013</i>	19a-550
Sec. 533	<i>July 1, 2013</i>	19a-551
Sec. 534	<i>July 1, 2013</i>	20-101a(a)
Sec. 535	<i>July 1, 2013</i>	45a-644(a)
Sec. 536	<i>July 1, 2013</i>	45a-669(a)
Sec. 537	<i>July 1, 2013</i>	46a-11a(6)
Sec. 538	<i>October 1, 2013</i>	19a-524
Sec. 539	<i>October 1, 2013</i>	22a-403(b)
Sec. 540	<i>October 1, 2013</i>	52-146o
Sec. 541	<i>July 1, 2013</i>	10a-22b
Sec. 542	<i>from passage</i>	HB 5979 (current session), 1 (b)(10)
Sec. 543	<i>July 1, 2013</i>	New section
Sec. 544	<i>July 1, 2013</i>	20-9(b)
Sec. 545	<i>July 1, 2013</i>	20-74ee(a)
Sec. 546	<i>from passage</i>	New section
Sec. 547	<i>from passage</i>	New section
Sec. 548	<i>October 1, 2013</i>	20-195c(a)
Sec. 549	<i>from passage</i>	sSB 1070 (current session), 501(d) and (e)
Sec. 550	<i>from passage</i>	HB 6406 (current session), 1(j)
Sec. 551	<i>from passage</i>	New section
Sec. 552	<i>October 1, 2013</i>	10-297
Sec. 553	<i>October 1, 2013</i>	19a-109
Sec. 554	<i>October 1, 2013</i>	20-10b(b)
Sec. 555	<i>January 1, 2014</i>	19a-490
Sec. 556	<i>January 1, 2014</i>	New section